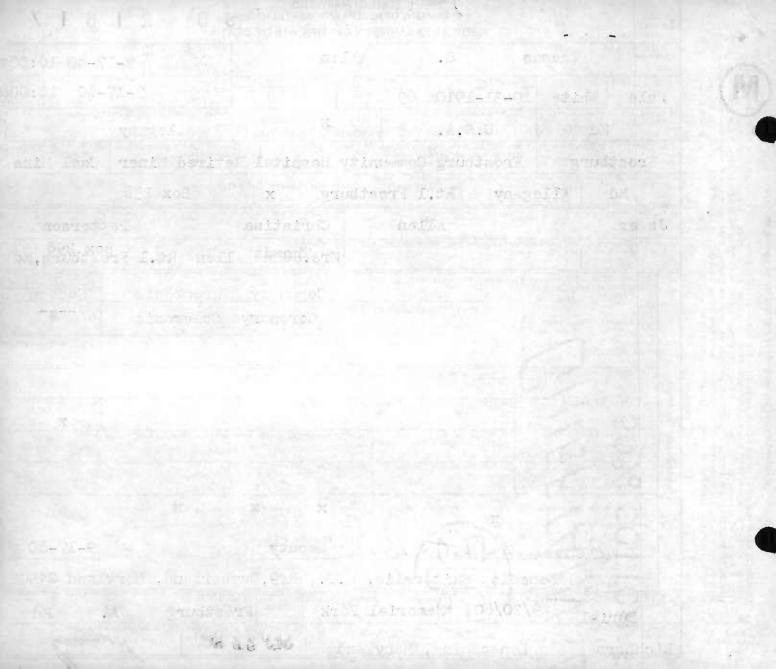
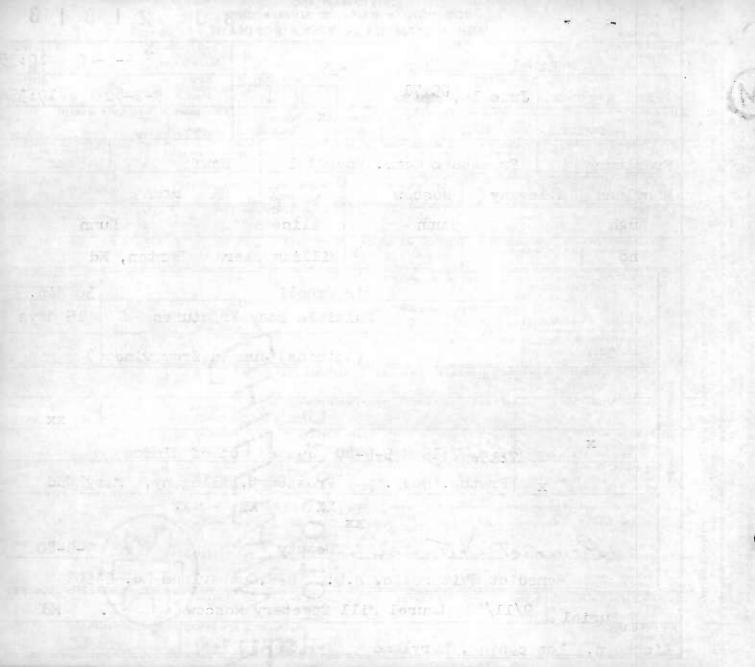
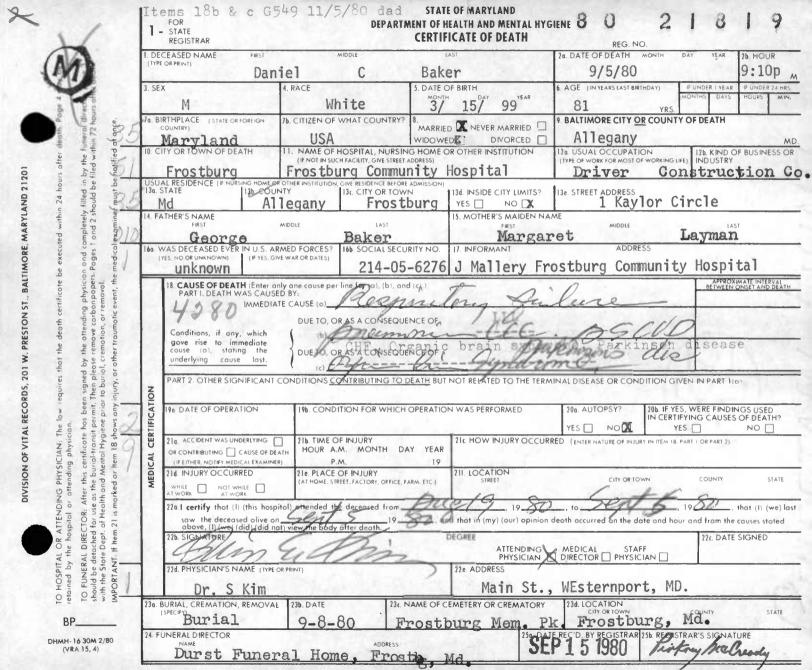
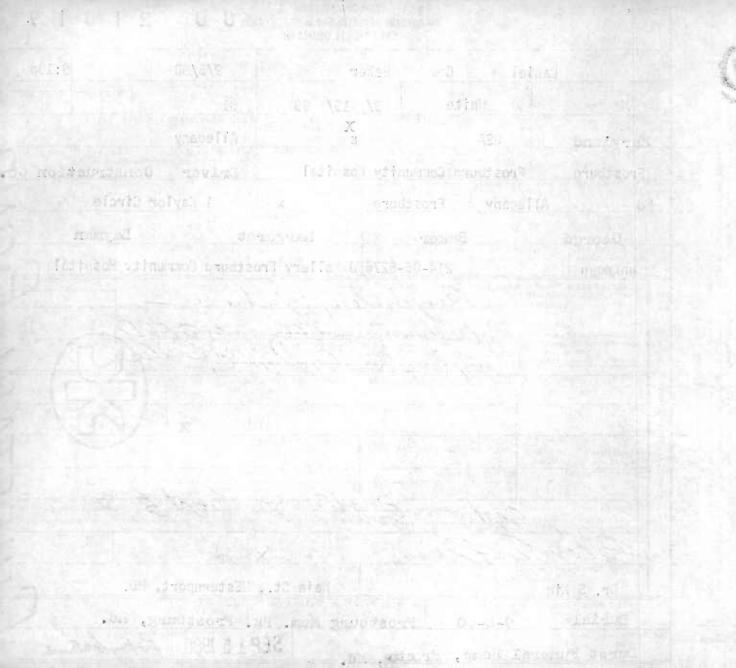
1		FOR STATE REGISTRAR -				RTMENT OF	HEALTH	AND MENTAL ERTIFICATE			2 REG. NO.	1	8 1	7
		CEASED NAM E OR PRINT)	Tho	mas	S		All	Len	20	OF I	ESTI-	9-1'	7-80 YEAR	26. HOUR 10:00
	3. SEX	( lale	4. RACE White	S. DATE OF BI	DAY WEL	6. AGE (IN Y.	EARS IF UN	DER 1 YR. IF UNDE	ER 24 HRS. 20	C. DATE RONOUNCE DEAD	ED C	MONTH 9-17-	-80 YEA	2d. HOUR 10:00
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7a. BI	RTHPLACE (S REIGN COUNTRY)	Md	76 CITIZEN O		UNTRY?	18	ED NEVER MAR	RRIED		RECITY OR		OF DEATH	MD
DELAY IS TO THE PAGE BE FILED	10. CI	Frost	of DEATH burg	Fros	tburg	S Commi	unity	Hospit	al Re		TION (TYPE C	OF WORK 17	or indus	BUSINESS
Y C A SIL	USU A 130. S	TATE Md	(IF IN NURSING HO)	Legany	ON, GIVE RESIDE	ITY OR TOWN	ostbu	13d INSIDE CITY LIMITS?	13e. STREE	ET ADDRESS	ox 29	98		
DRE, MD. 2 R DEATH. II AGES 1, 2, RM PM 3. I AND 2 SI OF VITAL	J	ames		WIDDLE	I	AlTen		Christ:	ina	MIDD	DLE	Pat	ters	on
AFTE NE P. H FO GES SION	160. V	VAS DECEASE ES, NO, OR UNKNO	D EVER IN U.S.	ARMED FORCES?	16b. S	OCIAL SECURI	IY NO.	Mrs.Thom	as Al	len	ADDRESS Rt.1	Fro	ox 29 stbur	8 cg,Md
N ST., BAI 24 HOURS 18. G ONG WIT ERMIT. PA		18 CAUSE O PART I DE	ATH WAS CAU	only one couse pe SED BY: DIATE CAUSE (o)	r line for (o),	(b), ond (c).)		Corona	ry 1	hrom	bosis	5	APPROXIMA BETWEEN ON	ATE INTERVAL SET AND DEATH  den
O1 W. PRESTOI  UTED WITHIN 2 N. PENCIL IN IT REAMINER RICHARL RANSIT PR MENTAL HYGI OR REMOVAL.			ns, if ony, whi	ich	, OR AS A C	ONSEQUENCE	OF	Coron	nary	Scle	rosis	5		n-
S, 301 W. (ECUTED V S." IN PEN. (AL EXAM) BURIAL-TR AND MENTON, OR REA		lying cou		(c)		ONSEQUENCE								
L RECORDS, 3CUID BE EXECU- WPENDING, IN WPENDING, IN WPENDING, IN WPENDING, IN WPENDING, IN WEALTH AND CREMATION, C	NOI							DR CONDITION GIVEN IN F	PART T (a).	Maria				
DF VITAL RE SHOULD SHOOT WORD "PE THE CHIEF, ID BE USED RENT OF HE. BURIAL, CRE	CERTIFICATION	190. DATE OF		196 CO	NDITION FO	OR WHICH OPE	RATION W.	AS PERFORMED?					20. AUTOPS	
CERTIFICATE SITING THE WOLD THE WOLD THE WOLD THE WOLD THE WOLD THE WOLD THE SISTEMENT TO BURK TO BURK TO BURK		UNDERLYING	AL CAUSE WAS OR NG CAUSE C	HOUR	A.M. MON	Y TH DAY YEA 19	R 21c. HC	W INJURY OCCURR	RED (ENTERNA	TURE OF INJURY	Y IN ITEM 18 PAI	RT 1 OR PART	2)	Tier
DIVISIC  THIS CERTII  E. WRITING RWARDED T  PAGE 3 SH  STATE DEPA	MEDICAL	21d. INJURY C	NOT WHILE AT WORK		CE OF INJU	RY (AT HOME, M, ETC.)		CATION		CITY OR TOWN		COUN	тү	STATE
<u>∞</u> ⊢ O ≈			fy that I took ch	orge of the remoin	s described o		Autops	y Inspecti	ion ,	Inquiry [		in my opin	ion	
AL EXAMINE THE CERTIFICATION THE CERTIFICATION THE WITH THE THE WITH THE THE WARYLAND		ACTUAL SIGNATURE	D	dict	Skit	areli	)_M.	Deputy		CAL EXAMIN		DATE	9-17	-80
TO MEDICAL E EXECUTE THE O PAGE 4 SHOU TO FUNETH AFTER DEATH BALTIMORE, MA	3	EXAMINER'S (TYPE OR PRI	NAME I	Benedict		tareli	c, M	ADDRESS_R#9	, Cumb	perla	nd, N		land	21502
Bb———BAFIO		UU	101	9/20/8	O 23	ic name of ce Memoria	METERY OF	ark	Fro	stbur	rg	COUNTY		°Md
DHMH - 17 (VR A15 ME (5)) 15M 7/77		UNERAL DIRECT NAME		Albi	oress Conin	g. Mar	ylan	1 66	P23	REGISTRAR	25b. REGIST	TRAR'S SIC	NATURE	,



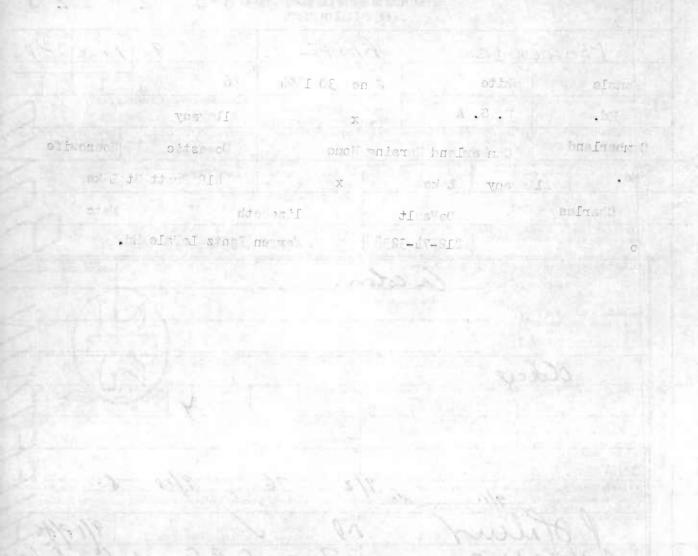
	FOR STATE REGISTRAR	DEPARTMENT OF MEDICAL EXAMIN	HEALTH AND MENTAL HYGIENE  IER'S CERTIFICATE OF DEATH	2   8   8 REG. NO.
	ECEASED NAME FIRST  (PE OR PRINT)	WIDDIE	LAST 20. DATE KNO	OWN MONTH DAY YEAR 76
		hel Helen	Baer DEATH MA	ATED 9-9-89, 1
3. SE	Female White	MONTH DAY C 109171	ARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE  AY) MONTHS DAYS HOURS MIN PRONOUNCE  RS.	9-9-80 19 10
7 a. t	SIRTHPLACE (STATE OR OREIGN COUNTRY)  Maryland	76. CITIZEN OF WHAT COUNTRY?  USA	MARRIEDA NEVER MARRIED	e City or County of DEATH
F	rosthurg	11. NAME OF HOSPITAL, NURSING HOM  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Frostburg Comm	e, OR OTHER INSTITUTION 120. USUAL OCCUPATION FOR MOST OF WORKING HSWI	ION (TYPE OF WORK 12b. KIND OF BUSIN
13a.	AL RESIDENCE (IF IN NURSING HOME O STATE [aryland   136, COUN' All	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS TY  13. CITY OR TOWN  MOSCOW	13d INSIDE (ITY LIMITS) 13e. STREET ADDRESS YES NO (A) RR BAI	rton
	ATHER'S NAME Hugh	MIDDLE Dunn	15. MOTHER'S MAIDEN NAME AIRST CE	Dunn
160.	WAS DECEASED EVER IN U.S. ARA YES, NO, OR UNKNOWN) (IF YES, GIVE Y	AED FORCES? WAR OR DATES)  16b. SOCIAL SECURI		arton, Md
	PART I DEATH WAS CAUSED	E CAUSE (a)	Air Emboli	APPROXIMATE INTE BETWEEN ONSET AND 30 Min
	Canditians, if any, which gave rise to immediate cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE  (b)  DUE TO, OR AS A CONSEQUENCE	OF Multiple Bony Fractur OF (Suicide)(Jumped fro	
CREMATION, OR REMOVAL.	PART 2 OTHER SIGNIFICANT CONDITIONS	( (c)ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
CERTIFICATION		196 CONDITION FOR WHICH OPE	ATION WAS PERFORMED?	20. AUTOPSY?  YES XXX N
MEDICAL CERTIFIC.	216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA BEATH 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY) 9-80 Jumped out of V	
ME	WHILE NOT WHILE AT WORK	STREET EACTORY EARLY ETC.)	Frostburt, Allega	ny, Maryland
	death resulted fram: Natur	e of the remains described above, held an al causes , Accident , So	Autopsy Inspection Inquiry Inq	· [],
2	EXAMINER'S NAME BEN	edict Skitarelic	, M. Doress R#9, Cumberlar	K SIGNED
	BURIAL, CREMATION, REMOVAL 2: Burial	9/11/80   Laurel	Hill Cemetery Moscow	COUNTY MIATE
	FUNERAL DIRECTOR	aconing, Marylan	25a. DATE REC'D. BY REGISTRAR 2	56. REGISTRAR'S SIGNATURE







10		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	DATE RES
		CEASED NAME FIRST	ence	BANTI	20. DATE OF DEATH MONTH	19-80
	3 SEX		4. RACE White	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) 86 YRS.	IF UNDER 1 YEAR
35		RTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNT Allegany	Y OF DEATH
90	10 C1	TY OR TOWN OF DEATH Cumberland	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET Cumberland Nu	NG HOME OR OTHER INSTITUTION TADDRESS HOME	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND C
38	USU/ 13a. S	STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	130. STREET APPRESS att S	t Luke
010	14. FA	THER'S NAME	MIDDLE LAST De Vau J	t Elizab		Metz'^
	16a V	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECTION OF THE STREET STREE		en Bantz LaVale M	d.
		1539	DUE TO, OR AS A CONSEOU	DENCE OF	East EV	
	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)		MINAL DISEASE OR CONDITION GI	VEN IN PART 10
2	TIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO	IENCE OF	20a AUTOPSY? 20b. IF YE	VEN IN PART 10
	DICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO  Ph. CONDITION FOR WHICH  CONDITIONS CONTRIBUTING TO  P.M.  21b. TIME OF INJURY  HOUR A.M. MONTH D  P.M.  21c. PLACE OF INJURY	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  21c. HOW INJURY OCCUM	200 AUTOPSY? 20b. IF YE IN CERTI YES NOT YERRED (ENTER NATURE OF INJURY IN ITEM 18	S, WERE FINDII IFYING CAUSES ES PART I OR PART 2)
2	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFIC ANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  GONDITIONS CONTRIBUTING TO  WID. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21c. PLACE OF INJURY (1AT HOME STREET, FACTORY, OFFICE.	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  21c. HOW INJURY OCCUM	20a AUTOPSY? 20b. IF YE	S, WERE FINDIN IFYING CAUSES ES []
2 9		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFIC ANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO  Phb. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  AY YEAR 19 FARM. ETC.) 211. LOCATION STREET 19 Company of the property of the pro	200 AUTOPSY? 20b. IF YE IN CERTI YES NOT YERRED (ENTER NATURE OF INJURY IN ITEM 18	ES, WERE FINDING CAUSES ES PART I OR PART 2)  COUNTY
2	MEDICAL	Conditions, if ony, which gove rise to immediate couse (o1), stoting the underlying couse lost.  PART 2. OTHER SIGNIFIC ANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DETERMINENT OR CONTRIBUTING AUSO OF CHE ETHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE AT WORK  22e. I certify that (1) (this has sow the decessed alive or observed.)	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  GONDITIONS CONTRIBUTING TO  GONDITION FOR WHICH  AND CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, pitol) offended the deceosed from an analysis of the body after death.	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  AY YEAR 19 FARM. ETC.) 211. LOCATION STREET 19 Company of the property of the pro	200 AUTOPSY?  200 IF YE IN CERTIN YES NOT	ES, WERE FINDING CAUSES ES PART I OR PART 2)  COUNTY



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	. Page 4	director,
	TO HOSPITAL SA ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed within 72 hours after
21201	4 hours a	d in by th
RYLAND	within 2	etely fille 2 should b
ORE, MA	executed	nd compless and a
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	death cert	ending ph
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	TO HOSPITAL S.A ATTENDING PHYSICIAN retained by the hospital or attending physician.	ECTOR: for use as
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-	1.	FOR STATE REGISTRAR			DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH		2 G.NO.	1 8	2 1
A)	I. DE	CEASED NAME ORPRINT)	FIRST		IDDLE		LAST	24 DATE OF DEA			2b. HOUR
			WILL	IAM	С.		ICORD	SEPTEM	BER 12,	1980	2:30P <sub>M</sub>
rector, purs after once.	3. SE.	x Male	·	White		Juli	of Birth 6, 041912 YEAR	68		ONTHS DAYS	HOURS MIN
uneral dir in 72 hou	C	RTHPLACE ISTATE ORF OUNTRY) Orefield	OREIGN 71	USA	VHAT COUNTRY	MARRIE WIDOW	D NEVER MARRIED DED NORCED	Alle	ry <u>or</u> county gany	OF DEATH	MD.
by the fued within		UMBERLANI		(IF NOT IN SUCH	OSPITAL, NURSI FACILITY, GIVE STREE OR IAL	T ADDRESS)	TAL	12a USUAL OCCU (TYPE OF WORK FOR A Worker	JPATION NOST OF WORKING LIFE	126 KIND O INDUSTRY Tire	F BUSINESS OR
filled in uld be fill	USU 13a	AL RESIDENCE (IF NUR STATE 1D	ALLE	THER INSTITUTION, I	Cumber 1	ee admission)	134 INSIDE CITY LIMITS?	130. STREET ADDR	ESS Box 243	Greenp	oint
completely fille		ATHER'S NAME FIRST Henry Barn		DDLE	LAST		15. MOTHER'S MAIDEN NAME FORST Mary Ann Re	MID	DLE	LAST	
Vsician and colopers. Pages 1 a oval.	16e V	WAS DECEASED EVER YES, NO OR UNKNOWN)			214 05 F	URITY NO.	Dennis K. I	A	Orlando	, Fla.	
en signed by the attending physic. Then please remove carbon papers or to burial, cremation, or removal any injury, or other traumatic ever	NOI	PART I DEATH M  Conditions, if any gave rise to imicause iol, statin underlying cause  PART 2 OTHER SIGN	, which nediate ig the last	CAUSE (a), DUE TO, OH DUE TO, OH	A 7	DEATH BUT	NOT RELATED TO THE TERM	ALL DISEASE OR	CONDITION GIVE	N IN PART 1(d	
nn. cate has be it permit. /giene prid	CERTIFICATION	190 DATE OF OPERA				H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY YES	WERE FINDING CAUSES	GS USED OF DEATH? NO
physician. Is certificat ial-transit pental Hygi or Item 18		218. ACCIDENT WAS UNI OB CONTRIBUTING [	CAUSE OF DEATH	216 TIME OF HOUR A.A P.A	A. MONTH D	AY YEAR	216 HOW INJURY OCCURE	RED (ENTER HATURE O	FINJURY IN ITEM 18 PA	8T 1 O8 PART 2)	
After this s the buring the and M marked of	MEDICAL	214 INJURY OCCUR	HILE [	21e PLACE C JAT HOME, STRE	OF INJURY EET, FACTORY, OFFICE.	14	21f LOCATION STREET	1	Cin	COUNTY	STATE
pital or a IECTOR: for use a f of Heal		178 I certify the saw the de-color obout (Down)	this hospital t alive and id) (did not)	Typ()	leceased from 19		nid that in (my) (aur) apinian	death occurred an	the date and haur		that (I) (we) last causes stated
by the hos ERAL DIR g detached State Depr		777	olla	min				MEDICAL DIRECTOR P	STAFF HYSICIAN 🗌	9-1e	1-80
TO FUNERAL should be detaction with the State IMPORTANT:		DR. TERI	1	LLIAMS			22. ADDRESS MEMO CUMBERLA	RIAL HO		MEDICA 21502	
BP	- (	BURIAL, CREMATION, SPECEY) UT1a1	REMOVAL	236. DATE 9-15-8			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	N	Legary.	STATE
DHMH-16 25M (VRA 15, 4) 1/79	24 F	UNERAL DIRECTOR	JNERAL		CUMBERLA		25a. D	Fb.1-8-48	Sel 256 Rigidated		



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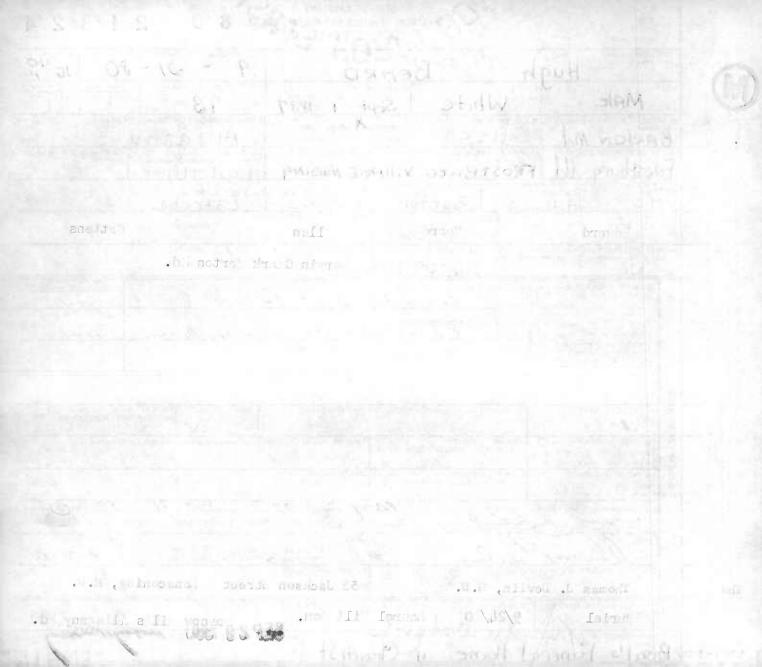
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AND THE PROPERTY OF THE PROPER MEN 30 . 100 12 TWG STEEL meet in Literature 2 in you had A STANK PINIAL MAN ... CONTRACTOR OF THE PARTY OF THE ofilese from the executive of the pecking on the a TO HOSPITALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, retained by the hospital or attending physician.

	,	STATE REGISTRAR	DEFARIM		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	2 1 0	6
		CEASED NAME FIRST HUC	A RACE	C / 7 K		70 DATE OF DEATH MON  9 - 0  6. AGE IN YEARS LAST BIRTHDAY	1-80	2b. HOUR
	J 3E	Male	White	Sep	of 1 1887	93	MONTHS DAYS	HOURS
35		ARTON MICH	L.S.A.	MARRIEI WIDOWE	NEVER MARRIED	Aluaa	DUNTY OF DEATH	
90	Fr	ROST BUNG M	17. NAME OF HÖSPITAL, NURSING JE NOT IN SUCH FACILITY, GIVE STREET A FROSTBULG	DORESSI	GE NUPSING	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	12b. KIND C INDUSTRY	OF BUSINE
35	13a S	TD AIL	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 136. CITY OR TOWN 4204 Barto	4	13d. INSIDE CITY LIMITS? YES NO [	130. STREET ADDRESS		
210	14 FA	ither's name Edward	MDDLE Beard		Ellen	WE	Gatte	ns
1		VAS DECEASED EVER IN U.S. AI (IF YES, GR	RMED FORCES? (RE WAR OR DATES)  16 SOCIAL SECUR		Mervin Cla	ADDRESS rk Barton Md.		
		IS CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	nly one cause per line far (a), (b), and ED BY.		e heart for			MATERITES ONSET AND
ijury, or otner		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUEN		NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN IN PART 1	01
	o .	PART 2 OTHER SIGNIFICANT	<u> </u>					
2	TIFICATION	19a DATE OF OPERATION	1%. CONDITION FOR WHICH (	OPERATIO	N WAS PERFORMED		LIFYES, WERE FINDI	OF DEAT
	CAL CERTIFICATION	1% DATE OF OPERATION	216. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION Y YEAR 19		IN	CERTIFYING CAUSES	
9	MEDICAL CERTIFICATION	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ LIF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED	218. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR		YES NO	CERTIFYING CAUSES	NO [
9	_	216. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING   CAUSE OF DI IJE EITHER, NOTHY MEDICAL EXAMINES 21d INJURY OCCURRED WHILE NOTWHILE   AT WORK AT WORK  22a I certify that (1) (this hasp saw the deceased alive of above (1) we) (did fide of	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21r. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	Y YEAR 19 ARM, ETC	211 LOCATION STREET  19 79 d that In (aur) apinian a	YES NO NO NO NEED (ENTER NATURE OF INJURY IN CITY OR TOWN	CERTIFYING CAUSES YES   ITEM 18, PART 1 OR PART 2]  COUNTY  20 19 20 20 20 20 20 20 20 20 20 20 20 20 20	sof DEAT
	_	21a. ACCIDENT WAS UNDERLYING { OR CONTRIBUTING  LIFE EITHER, NOTIFY MEDICAL EXAMINET 21d INJURY OCCURRED WHIE AT WORK AT WORK  Sow the deceased alive a above (1) we) (did) (did of 22b. SIGNATURE)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA  21 Diew the bady after death.	Y YEAR 19 ARM, ETC I	216 HOW INJURY OCCURRENT STREET  211 LOCATION STREET  219 79 d that in min (aur) apinion of DEGREE  10. ATTENDING PHYSICIAN D	YES NO NO NO NEED (ENTER NATURE OF INJURY IN CITY OR TOWN	CERTIFYING CAUSES YES   ITEM 18, PART 1 OR PART 2]  COUNTY  and hour and from the	sof DEAT
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	3. SEX Ma	ale	White	5. DATE OF BIRTH	YEAR	6. AGE (IN YE LAST BIRTHD 22	ARS IF UN AY) MONTH		NDER 24 HRS.	2c. DATE PRONOUNCED DEAD	9-13	-80	YEAR 19 6:	2d. HOUR 15 p <sub>A</sub>
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1-35		lying caus	tating the <u>under-</u> e last.	DUE TO, OR A	AS A CON	SEQUENCE (	OF							
		ART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELA	NTED TO THE TERM	INAL OISEASE	OR CONDITION GIVEN	IN PART 1 (a).					
1	TIFICATI	o. DATE OF (	OPERATION	19b. CONDITI	ON FOR	WHICH OPER	ATION W	AS PERFORMED?	471				AUTOPSY?	
	CALC	NDERLYING ONTRIBUTIN	G CAUSE OF	DEATH 6:15	MONTH	DAY YEAR -80 19	Ope	rator of				1 OR PART 2)		
		d. INJURY OF	NOT WHILE AT WORK	21e. PLACE O	FINJURY	(AT HOME,		Rt.#36	, ½ mil	e North	of F	rostbu	rg,Al	state . Md .
1	AC	220. I certify death resulted CTUAL GNATURE		e of the remoins desc ol causes ,		ove, held on Su	icide	Hamicide TITLE (SPECIF	Y)	InquiryXXX, ermined manner ICAL EXAMINER	<u> </u>	my opinion  DATE SIGNED 9-	13-80	
01 2				ct Skitare				ADDRESS R#9			Maryl	and 21	502	
	(SPEC	Bur:		9-16-80	23c. f	rostb	urg ]	R CREMATORY Mem. Pa	rk Fr	OST burg	g, A	llega:	ny, st	Md.
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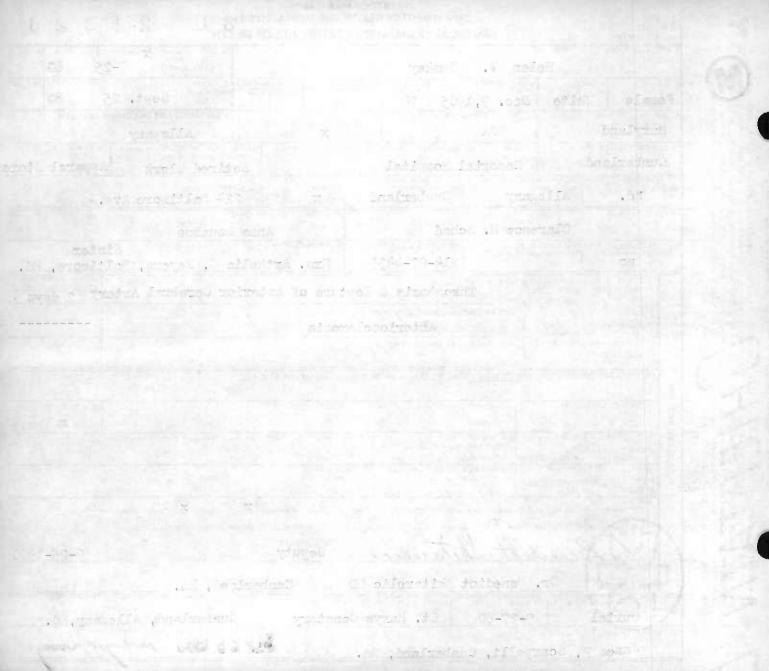
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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DHMH-16 30M 2/80 (VRA 15, 4)

DURST FUNERAL HOME

ATTEM YEARTLY MAYTAXO U.S.L. TATTED OF THE PEOPLE SECURITION SHICK COM STRONG CO. MATURAL MISCHART MY. SAVAGE X BOX 496 HATTERDAD ST. TIMENIA II. OPPLE 217-10-4033 MES. IDOM SHIER, M. SAVAES, M. CARY I. MACONER, M.E. 425 RISHOP WALSH SRINE, CHRISLAN, MY, 21508 BURDE 9-19-80 ST. MICHAEL GENERAL FORENCE, ALEXAND. TURSY PARENT TONE PROSTRUCT TO

61.	FOR		DEF	STAT PARTMENT OF H		ARYLAND AND MENTA	L HYGIENE (	0	2	Ω	3 1
	STATE REGISTRAR		MEDIC	CAL EXAMIN					6. NO.	0	,
	CEASED NAME PE OR PRINT)	Mary	Lou	Con		AST		OF ESTI-	40-	-80 <sub>19</sub>	26 HOU 3а
F.		MON	TE OF BIRTH	927 53 YR	Y) MONTHS			DATE NOUNCED DEAD	монтн 9-2-8(	DAY YEAR	2d. HOU
	PRTHPLACE (STATE OR DREIGH COUNTRY)  Florida	7b. C1	USA	COUNTRY?	8. MARRIE	D NEVER M	ARRIED	Altimore ci	TY OR COUNT	Y OF DEATH	M
-	ITY OR TOWN OF DEA	· ·	NOT IN SUCH FACILITY	AL, NURSING HOME (, GIVE STREET ADDRESS) (Home)		RINSTITUTION	12a USUAL O	occupation of working life etary	(TYPE OF WORK	2b. KIND OF BI OR INDUST Healt	USINESS TRY
USU. 13a. S	AL RESIDENCE (FIN NU Maryland	rsing home or other 13b, COUNTY Allegar	INSTITUTION, GIVE RE	CUMBER LA	nd	3d. INSIDE CITY LIMI	13e. STREET	address Di	rive		
]	ATHER'S NAME FIRST  Eugene WAS DECEASED EVER	MIDDI		Sewell  bb. SOCIAL SECURITY	(NO	IS. MOTHER'S MERST Eliza		MIDDLE		anor	
(1	YES, NO, OR UNKNOWN)	(IF YES, GIVE WAR OR	DATES)	234-38-825		Avis C	omer		une as s	bove	
N PENCIL IN ITEM 18. GNE PAGES 1, 2, EXAMINER ALONG WITH FORM PM 3 RIAL-TRANSIT PERMIT. PAGES 1 AND 2 S NAELTRA LITTUREN. DVISION OF VITAL OR REMOVAL.	18. CAUSE OF DEAT PART I DEATH W	H (Enter only one of AS CAUSED BY: IMMEDIATE CAU	SE (o)			ONARY (	CCLUSION			APPROXIMA BETWEEN ONS SUDDE	
	Conditions, if ony, which gove rise to immediate course (o) that is the under the unde										
	lying cause last.	(c)									
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).										
CERTIFICATION	196, DATE OF OPERATION 196, CONDI			TION FOR WHICH OPERATION WAS PERFORMED?					20. AUTOPSY	Y? NO 🗗	
	216 EXTERNAL CAUS	OR	21b. TIME OF IN. HOUR A.M. M P.M.	IURY ONTH DAY YEAR	21c. HO	W INJURY OCCI	JRRED LENTER NATU	re of injury in ite	M 18 PART 1 OR PAR	τ 2)	
SECULIA E CENTIFICATE, WINTING THE WOOL OF A SHOULD BE FORWARDED TO THE FUNERAL DIRECTOR: PAGE 3 SHOULD BE FER DEATH, WITH THE STATE DEPARTMENT TIMORE, MARYLAND, 21201 PRIOR TO BURIL.	21d. INJURY OCCUR WHILE NOT AT WORK AT W	WHILE	21e PLACE OF II STREET, FACTORY,	NJURY (AT HOME, FARM, ETC.)	211. LOC	ATION REET	СП	TY OR TOWN	COU	INTY	STATE
		I took charge of the	e remoins describ		Autops	, , Inspi		nquiry XX	and in my ap	inion	
	ACTUAL Benedict Statelie M.D. Deputy MEDICAL EXAMINER DATE 9-2-80										
7	EXAMINER'S NAME (TYPE OR PRINT)	Benedi	ct Skita	relic, M.	D. ,	DDRESS_R#9	,Cumber]	land, M	aryland	21502	
23a.E	BURIAL, CREMATION, R (SPECIFY)  Burial			23c. NAME OF CEA 1980 Hillo			Near Near	NWC	land A]		state Md
	FUNERAL DIRECTOR Hafer, John			Maryland		25a. D	ATE REC'D. BY REC	RISTRAR 25b.	REGIOTRAR'S SI	A ATO	y

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FOR			DEPARTMENT OF HEAL	TH AND MENTALH	YGIENED ()	1 2 3
- STATE REGIST	tAR .	ME	DICAL EXAMINER'S	CERTIFICATE O	F DEATH REG. NO.	1 0 0
I. DECEASED			MIDDLE	LAST	20. DATE KNOWN MO	ONTH DAY YEAR 26.
(INCONTRIC	Jud	lith	Karen	Cope	OF ESTI- NO PO	13-80 6:15
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS IF	UNDER 1 YR. IF UNDER 2	24 HRS. 2c. DATE MO	NTH DAY YEAR 2d.
Fema			,1949 31 YRS.	DAYS HOURS	PRONOUNCED9-13-8	0 6:15
70 BIRTHPLA	E (STATE OR	76. CITIZEN OF W	MA.	RRIED NEVER MARRIE	9 BALTIMORE CITY OR CO	OUNTY OF DEATH
	rida	USA		OWED DIVORCE	A 1 1	
	OWN OF DEATH	11. NAME OF HO	SPITAL, NURSING HOME, OR C	THER INSTITUTION	120. USUAL OCCUPATION (TYPE OF W	ORK 12b. KIND OF BUSINE OR INDUSTRY
umber1			CELITY, GIVE STREET ADDRESS) Leart Hospital-	DOA	Student	College
USUAL RESID	ENCE (IF IN NURSING HOME (	OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
Mary		egany	Frostburg	YES X NO	6 Fairview S	t.
14 FATHER'S	NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN	N NAME MIDDLE	TZAL
CI	aude	C.	Varney	Pearl		Rosser
YES, NO. OF	EASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
No			577-68-7810	Mr. Claud	de Varney, Tam	pa, Florida
18 CA	USE OF DEATH (Enter on RT   DEATH WAS CAUSE	ly one couse per line	e for (a), (b), and (c).)	1 1 01		APPROXIMATE INTER
TA A		TE CAUSE (o)	Cr	ushed Skull		Sudden
8	123		R AS A CONSEQUENCE OF			I DECEMBER
	nditions, it ony, which ve rise to immediate	(b)	Passenger in t	wo Motorcycle	e Accident	
	use (a) stating the <u>under</u> - ng couse last.	DUE TO, OF	R AS A CONSEQUENCE OF			
		(c)				
	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DIS	EASE DR CONDITION GIVEN IN PART	[ ] (a).	
P 180 D	TE OF OPERATION	Line covin	ITION FOR WHICH OPERATION	WALC BERT OF WELL		
S 170. D	TE OF OPERATION	196 CONDI	ITION FOR WHICH OPERATION	WAS PERFORMED?		20. AUTOPSY?
19a. D/	TERNAL CAUSE WAS	216. TIME O	F IN HIDY	NOW IN HURY OCCUPATE	A CENTRALIA TURE OF MANAGEMENT	YES X NO
UNDE	LYING OR CAUSE OF	HOUR ATA	A. MONTH DAY YEAR		ENTER NATURE OF INJURY IN ITEM 18 PART 1	
	IBUTING CAUSE OF		A. 9-13-8019 OF INJURY (AT HOME, 21f.	Passenger in	two Motor cycle	accident
WHILE		STREET, FAC	TORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY
AT W	ORK AT WORK X	Rt.			Frostburg, Maryl	and Alleg.
220	I certify that I took charg		ATTECO.	opsy K., Inspection	XX, InquirXX, ond in n	ny opinion
deoth	resulted from: Notus	rol couses E	Accident Suicide	Homicide .	Undetermined monner	
ACTU	N	1.48	1-,1	TITLE (SPECIFY)		ATE
SIGNA	iu Lluca	ut XI	Maralle	M.D. Deputy	MEDICAL EXAMINER SI	GNE9-13-80
EXAMI	NER'S NAME			D#0 C	shouland Massala	1 21502
(TYPE (	RPRINT) _ Bened				mberland, Marylan	a 21302
(SPECIFY)	REMATION, REMOVAL		23c. NAME OF CEMETERY		23d. LOCATION CITY OR TOWN	COUNTY STATE
24. FUNERAL		9-16-80	Frostburg	Memorial Pl	Frostburg.	Alleg. Md.
NAME		ADDRESS	3	The second second		K S SIGNATURE
Durst	Funeral Ho	me, Frost	burg, Md.	S	EP 2 2 1980 pro	

2 6 6 1 2 1 4 4 2 motion. maximum Tertie plice the 3,1917 31 Outboxland Facts House House Don Steelens and the writing of the country of the country of the Claude C. Varracy Forlo STITE THE PARTY OLYNGR TITES, TRAINS, MORLES Featencer in two locorcole Accident f:15 - 9-13-50 Pagengar in two Notes a cla modulant e la Ri. F26 le cile north of Prostiune, lavyland Allag. 100 -200 - 1 AMORE Benfrank bandangend, A.S . The state of the furet June 1 How, Essising, M. SLP 27 1980 ------



Your Vinetale ALLECANY COUNTY, Condendant Denistr Hospital Light Hospital California Ld. M.Leenne Didtone z Konte I, son 254 Course A. extend atti iki mafili , misa sata . Ti to the same of the same of White faller 5 to to 10 t JOHN N. MESHAWA, M.D. 909-B SETCH CRIVE, CUMBERCAND, NO. 21502

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SEPTEMBER ON 1086 8:358

DEPARTMENT OF HEALTH AND MENTAL HYGIENEO - STATE REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN XX MONTH TTYPE OR PRINTI DEATH MAKEN 9-15-80 11 Marshall XXXXX George Davis 3 SEX 4. RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY PRONOUNCED 9-16-80 Male 1-22-17 White DEAD 7b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE ISTATEOR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | FOREIGN COUNTRY) UBA Maryland WIDOWED X DIVORCED Allegany ED. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION
Sacred Heart Hospital—— 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Cumberland Retired U.S. Postoffic USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STALE Maryland Allegany Cumberland 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES 48 Oak Street OF VITAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Harry O. Davis Newell Almedia 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7. INFORMANT Kathy Davis, Cumberland, Md. Daughter Yes War II 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY CORONARY THROMBOSIS SUDDEN IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF CORONARY SCLEROSIS Conditions, if ony, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES TO NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE AT WORK COUNTY InspectionXX 22a. I certify that I took charge of the remains described above, held on Autopsy Inquiry KX Natural causes XX Accident Homicide 1 Undetermined manner PAGE 4 SHOULD
TO FUNERAL DIRE
AFTER DEATH, WITH
BALTIMORE, MARYL TITLE (SPECIFY) Deputy DATE SIGNED 9-16-80 MEDICAL EXAMINER EXAMINER'S NAMBenedict Skitarelic, M.D. R#9, KNEXKKKKK Cumberland, Maryland (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY and, Tob. Resisting S GNATURE Sept. 18, 1980 Sunset Memorial Park Cumberband, BP 24. FUNERAL DIRECTOR **DHMH - 17** (VR AIS ME (Scarpelli. Cumbrinand, Maryland

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	-			CEASED NAME	FIRST		MIDDLE		AST	2a	DATE OF DEATH		DAY YEAR	26 HOUR
1	FE E		(TYPE	OR PRINT)	JAMES	F	RANCIS	DEL	ANEY		SEPTEM	BER 22	, 1980	7:05Pm
1			3 SE	(		4 RACE	1011010	S. DATE O		6 A	GE (IN YEARS LAST)		IF UNDER I YEAR	
	9.5	-81		Mole		Whi	+ -	MONT	DAY YEAR	R			MONTHS DAYS	HOURS MIN
-	grap drap		70 BI	Male RTHPLACE (STATE OF	FOREIGN		WHAT COUNT	DV2 R		1916	ALTIMORE CITY	YRS	VOEDEATH	
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201	urs file	2/04	11811	Cumberl					SPITAL		Labor	atory	Bal	listics
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RYL	with with d 2 d	51/	14. FA	THER'S NAME	A	AIDDLE	LAST		15 MOTHER'S MAIDER		WIDDLE		. 14	ST
X X	+ 0 -	5)(		Frank			Delane		Evel	yn		Ye	nshaw	
ORE,	and co	0 1	16a. V	AS DECEASED EVE	R IN U.S. AR	MED FORCES? WAR OR DATES)	166 SOCIALS	ECURITY NO.	17. INFORMANT	7116	ADD	RESS		
IM	Po o o	a a		No	-		214-0	7-6770	Mrs. Mil	Ldred	Delan	ey, F:	rostbu	urg, Md.
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120'	ofe ofe	Ĭ.		18 CAUSE OF DEA	TH (Enter on	y one couse pe	r line for (a), (b)	ond A				1	BETWEEN	ONSET AND DEATH
1	ph)	. ven		PART I. DEATH		D BY: E CAUSE (a)	Ranu	Chal	neu nu	Quia	- resp	iza to	7	
Z Z	ding			169	9	DUETO	OR AS A CONSE	OUENICE OF	Paik	Come				
STC	deat otten ove c			Conditions, if an	y, which	( thi	AAFC	088	cantin	1,24	e wi	the	3 3	
9	he o			gove rise to in	nmediate	2015 70 0	DAS A CONSE	OUTLIGT OF	Cala	0	10	11		
3	by the		16	underlying cou		DUE TO, C	R AS A CONSE	11	2115	Al	the	Chia	0	
30	ned ple	5		PART 2. OTHER SIG	SNIFICANTO	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE	TERMOLAL	DISEASE OF CO	NOTION CI	(ENLINI DADT 1)	
SDS,	sig Then to b	5	NO				OT TIME OTHER	TO DESTIN	NOT KELATED TO THE	TERMINAL	DISEASE OR CC	NOTITION GIV	EN IN PART I	o.
0	beer mit.	7	CERTIFICATION	190. DATE OF OPER	ATION	19b. COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	2	00 AUTOPSY?	20b. IF YES	S, WERE FINDI	NGS USED
1 8	hos per	Oh	IFIC								ES NOM	IN CERTIF	YING CAUSES	OF DEATH?
AT/	hysicion. icote hos ronsit per Hygiene	0	ERI	210. ACCIDENT WAS U	NDERLYING	21b. TIME C	OF INJURY		21c. HOW INJURY OC					140
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	EN OR:			22a.1 certify that (	(this hospit	al) affended if	ne deceased tra	o Pr x2	nd that in (my) (our) opi	inian dansh	to	data and have	19_10,	that (1) (we) last
	ATT OSPI	4		above, (I) (we) 22b. SIGNATURE	(did) (did not	view the bady	after death.			inion deom	accurred an the	dote ond hou		
	OR Per			220. SIGNATURE	X	no	Gale	110	DEGREE	NG . MA	EDICAL ST	AFF	22c. DATE	2 2-80
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	ed by UNER d be d be che St		1.7	224 PHYSICAN'S			355134		22e ADDRESS					
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	F 5 F 2 3 4	-	23a. 8	URIAL, CREMATION		23b. DATE		3c. NAME OF C	EMETERY OR CREMATO	ORY 2	3d. LOCATION		LOUNTY	STATE
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THE REAL PROPERTY OF	EWEN, M.D	TO LIE STRONG
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GRANTSVILLE, MD. QFD 1 5 1000

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

NEWMAN

(VRA 15, 4) 1/79

Carlotte Barrier Barrier Barrier Barrier MA DE:8 08M , TO SERRETHER TTIN SO. BUTTER IN THE STATE OF White Dec. 5, 1925 F4 Female X ALLEGARY COUNTY USA Maryland Cook School Cafe. Sumberland --- (P.O. Box 28) Naryland Garrett Accident Shatzer Harry C. Numberson Leota 85 70 .0.9 --- 215-20-6928 Aussell Dewitt, Accident, Md.21520 OM ENG. 912 SETON CHIVE, CUPRERLAND, NO. 21502 9-10-1980 Fion Semetery Accident, Carrett, Md. Jai tal 732 X04 .0.4 GROOTSVILLE, NO. SETT

DECEASED NAME	DECEASED NAME   PRIST   MODITY   LAST   DEATH   MODITY   SEPTEMBER 13, 1980   20:42   MODITY   MODIT		1.	FOR STATE REGISTRAR			DEPART		EALTH AND M		IENE 8	O REG. NO.	2	1	8 :	3 7
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The Birthflack   State Ortomesh   The CHIZENOP WHAT COUNTRY   MARRIED   NEVER MARRIED   NEVE	To BRITHPLACE SLATE ONTONION OF DEATH  WOOD WED DOORGED   NOTIFIED   NOTIFIED	s after de	3 SE				ce	MONTH	DAY	1896			MON		_	
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USUAL RESIDENCE IF MUSERS GROWN ON OTHER MISTURION, ONE RESIDENCE SPORE ADMISSION   136 ESTATE   136 EVEN TO THE MUSE   136 STATE   136 ST	SUAL RESIDENCE IF HURSHOFFORM OF OTHER INTUITION, OWN BISINGE FOR ADMISSION   138 INSIDE CITY LIMITS?   138 STREET ADDRESS   138 STRE	30								ITUTION	12e USUAL OF	CCUPATION OR MOST OF WORK		126. KIND (	1	NESS OR
A FATHER'S NAME   NODIE   LAST   IS MOTHER'S MADDEN NAME   PREST   IS MOTHER'S MADDEN NAME   NODIE   LAST   IS MOTHER'S MADDEN NAME   PREST   IS MOBILE   IS MOB	TRAITIER'S NAME   NODE   NODE   LAST   NOTHER'S MAIDEN NAME   ROSIE   B.   MOBITOR	and be mid be mi	13a	STATE	136 COUN	VIY	13c. CITY OR TOW	N			13e STREET AL	DDRESS				
Conditions if any, which gave rise to immediate couse for instituting to Death But not related to the terminal disease or condition given in Part 1(a)	THE CAUSE OF DEATH Enter only one cause per line (past), (b), and (c).  If CAUSE OF DEATH Enter only one cause per line (past), (b), and (c).  If CAUSE OF DEATH Enter only one cause per line (past), (b), and (c).  If CAUSE OF DEATH Enter only one cause per line (past), (b), and (c).  If CAUSE OF DEATH Enter only one cause per line (past), (b), and (c).  If CAUSE OF DEATH Enter only one cause per line (past), (b), and (c).  If CAUSE OF DEATH Enter only one cause per line (past), (b), and (c).  If CAUSE OF DEATH WAS CAUSED BY.  If It CAUSE OF DEATH Enter only one cause per line (past), (b), and (c).  If It CAUSE OF DEATH Enter only one cause per line (past), (b), and (c).  If It CAUSE OF DEATH Enter only one cause per line (past), (b), and (c).  If It It CAUSE OF DEATH Enter only one cause per line (past), (b), and (c).  If It	JEN JE	14. F/	FIRST		MIDDLE	LAST		15 MOTHER'S	IRST	ME	MIDDLE	ride		AST	
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OR CONTRIBUTING CAUSE OF DEATH	OR CONTRIBUTING CAUSE OF DEATH OF DAY MEDICAL EXAMINER)  P.M.  19  21d INJURY OCCURRED  AT WORK A WORK  NOT WHILE  AT WORK  AT WORK  220 I certify that (I) (this hospital) attended the decay of term saw the deceased alive an abave. (I) (we) Idid) (did not) view the body ofter death  DEGREE  221e PHYSICIAN'S NAME (II) (We) Idid) (DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIREC	or to burial, cremation, or re any injury, or other traumat	NOI	gave rise to im couse 101, stati underlying cous	y, which imediate ing the e last.	DUE TO, C	DR AS A CONSEQU DR AS A CONSEQU	ENCE OF	Vasade Diafer NOT RELATED	to the term						
The Either, Notify Medical Examiner)   P.M.   19   21d INJURY OCCURRED   21e PLACE OF INJURY   14 Home, STREET, FACTORY, OFFICE, FARM, ETC.)   21f LOCATION   STREET   CITY OR TOWN   COUNTY   STATE   CITY OR TOWN   COUNTY   STATE   CITY OR TOWN   COUNTY   COUNTY   COUNTY   CITY OR TOWN   COUNTY   COUNTY   CITY OR TOWN   COUNTY   CITY OR TOWN   COUNTY   CITY OR TOWN   COUNTY   COUNTY   CITY OR TOWN   CITY OR TOWN   COUNTY   CITY OR TOWN   CITY OR TO	P.M.   19   21d INJURY OCCURRED   21e PLACE OF INJURY   14 HOME. STREET, FACTORY, OFFICE, FARM, ETC.)   21f LOCATION   STREET   CITY OR TOWN   COUNTY   STATE   CITY OR TOWN   COUNTY   CITY OR TOWN   CITY O	Sho of		21e. ACCIDENT WAS UN	OERLYING	216. TIME (	OF INJURY				YES 🗌	NOR INC	YES	NG CAUSE	S OF DEA	ATH?
saw the deceosed alive an abave. (I) (we) (did) (did nat) view the body ofter each on the day of the causes stoted	saw the deceosed alive an above. (I) (we) (Idid) (Idid nat) view the body often death  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA		MEDICAL	(IF EITHER, NOTIFY MEDICAL PROPERTY OF THE PRO	CALEXAMINER)	21e PLACE	OF INJURY			7	(	CITY OR TOWN	, ,	COUNTY		STATE
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236 BURIAL, CREMATION, REMOVAL 23h. DATE 236 NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OF TOWN COUNTY STATE				Buria	ıl	Sept.	17,198b B	Branch	Mt. Ce		Thre	e Churc	hes	Hamm	shir	
Burial Sept. 17,1980 Branch Mt. Cemetery Three Churchesm Hampshire WV	Burial Sept. 17,1980 Branch Mt. Cemetery Three Churchesm Hampshire WV	6 25M 4) 1/79		UNERAL DIRECTOR	effor.		ADDRESS &	-	Main S	t. 25e. DA	BET I'V	DE CONTRACTOR DE	EVISTRA	K S SUNA	IUKE	

Romney, WV 26757

Keith S. Shaffer

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MEDICAL

S M		FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 0	2   8 3 8
		1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE B.	61	liett	20. DATE OF DEATH MONTH	80 9 S A
ge 4 mu ector prs offer		Male	cau.	Janu		6. AGE (IN YEARS LAST BIRTHDAY) 77 years YRS	MONTHS DAYS HOURS MIN.
deoth. Po	of once	7a. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) West Virginia	76. CITIZEN OF WHAT	MARRIE		Allegany	TY OF DEATH
by the fune	1 Solified	Cumberland	LIE NOT IN SUCH FACILIT	Y GIVE STREET ADDRESS)	scent Home	The USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING SPRING)	126. KIND OF BUSINESS OR INDUSTRY (ret)
24 hour filled in rould be	Somost be	USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b OU Pennsyl. Bed	NTY 13c. CI		13d INSIDE CITY LIMITS? YES XX NO [	13e STREET ADDRESS	
makttanu z te within 24 houmpletely filled in ond 2 should be	examine	14 FATHER'S NAME FIRST	MIDDLE E.	lliott	15. MOTHER'S MAIDEN NA Ella	Sellers	LAST
MORE,	medicol	160. WAS DECEASED EVER IN U.S. AF (YES. NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES	2 22 3852		at WiniTTEd, ad Convalesce	
rificote by physicio on popers emovol.	event, the	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	nly one couse per line for ED BY: TE CAUSE (o)		the precur	太.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

DAY YEAR

DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBU ITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION

OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from

saw the deceased alive an \_\_\_\_\_\_\_obove, (1) (we) (did) (did not) view the body after death and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 226. SIGNATURE

ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Addison. Somerset. Addison Cemetery

DHMH-16 30M 2/80 Zeigler, Hyndman, (VRA 15, 4)

19a. DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING

Harvev H.

216. TIME OF INJURY

HOUR A.M. MONTH

206. IF YES, WERE FINDINGS USED

YES []

IN CERTIFYING CAUSES OF DEATH?

NO [

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

NON

The tell of the second of the 2) Alman Ft 13 Ast 752 tertauranoz vociona vratama um tat protecto de castro de castro SELECTION OF THE PARTY OF THE P

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH TYPE OR PRINTI THEODOR! ANTHONY FIESELER SEPTEMBER 24, 1980 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) Male White Sept.19. TO BIRTHPLACE ISTATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH b. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED ALLEGANY COUNTY. Germany WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) SACRED HEART HOSPITAL Cumberland Retired Owner USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Pennsylvania MontgomeryElkins Park 846 Township Line YES X NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Anton Fieseler Theresa Franke 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT LYES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 159-09-0380 Mrs. Anna Fieseler, Elkins Park, Pa. Wi: no 18 CAUSE OF DEATH (Enter only one couse per line) PART I, DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUYING RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART L CERTIFICATION CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 71a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH CIF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

21e. PLACE OF INJURY AT HOME STREET FACTORY, OFFICE, FARM, ETC 1

211 LOCATION

CITY OR TOWN

2b. HOUR

12h KIND OF BUSINESS OR

Hosiery Mill

INDUSTRY

12:40P

276. SIGNATURE

22d PHYSICIAN'S NAME LITYPE OF

NOT WHILE

sow the deceased alive on.

22e ADDRESS

ATTENDING

ATTENDING APPLICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D

22c. DATE SIGNED

GARY L. WAGONER MD.

220.1 certify that (1) (this hospital) attended the deceased from...

above, (I) (we) (did) (did not) view the body ofter death.

23b. DATE

925 BISHOP WALSH DR., CUMBERLAND, MD. 21502

Burial

230 BURIAL CREMATION, REMOVAL

9-27,1980

23c. NAME OF CEMETERY OR CREMATORY Holy Sepulchere Cem 23d. LOCATION Philadelphia. Pa.

and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated

STATE

24 FUNERAL DIRECTOR DHMH-16 30M 2/B0

MPORTANT

(VRA 15, 4)

SCARPELLI FUNERAL HOME, 108 VIRGINIA AVE., CUMBERL

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(VRA 15, 4) 1/79

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AL HOSPITAL HEDICAL BLE. MARYLAND 21502	MEMOR

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3 SE	X	4. RACE	5. D	ATE OF BIRTH	YEAR LAST BIR	HOAY) MONTHS DAYS			E	MONTH	DAY	YEAR	2d. HC
	Male	White	e pc	t. 3, 1	908 71	YRS. MONTHS DAYS	HOURS MI	PRONOL DE A	D Se	pt. 2	22	19 80	9P
F	IRTHPLACE DREIGN COUNTR	Y)	7b. 0		IAT COUNTRY?	8. MARRIED [	VEVER MARRIED	9. BALTI	MORE CITY	OR COU	NTY OF I		-
	ennsy.				SA	WIDOWED -	DIVORCED	O All	.egany				٨
10. C	ITY OR TOW		11. [	IF NOT IN SUCH FAC	HITY GIVE STREET ADDRES	ME, OR OTHER INSTI	TUTION 120	. USUAL OCCI	JPATION (T	YPE OF WORK	12b. KII	ND OF BU	SINESS
1011	Cumber				Heart Ho			FOR MOST OF WO	etire	d	Pa	inte	r
13a. S	Md.	E (IF IN NURSING	GHOME OR OTHI COUNTY Allega:	er institution, giv ny	13c. CITY OR TOWN Cumberle	1 13d. INSID		STREET ADDR		St.		. Ty	
14. F	ATHER'S NA	ΛE	4410	DIE	LAST	15. MOT	HER'S MAIDEN N	IAME		- 0.		-	
	FIRST			J. Gorm	an		FIRST Win	ifred F	. G	ormar	1	LAST	1
16a.	ES, NO, OR UNKI	ED EVER IN L	J.S. ARMED F	ORCES?	166. SOCIAL SECU	The second second			ADDRE:			ster	
	no	, , ,		,	526-44-1	040 Mrs	. Rose A	nn Brow	me, P	ensac	cala,	Fla	•
	18 CAUSE	OF DEATH (E	nter only one	cause per line	for (o), (b), and (c).)						AI	PPROXIMATE VEEN ONSET	INTERVAL AND DE AT
	PARITI		MEDIATE CA	USE (o)	C	arcinomato	sis, gen	eralize	d			mos.	AITO DE AI
	16	ians, if ony,	(	DUE TO, OR	AS A CONSEQUENC	E OF							
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z	lying c	rise to imn o) stating the ouse lost.	nediote under-	(c)	AS A CONSEQUENC			α}.					
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ERTIFICATION	PART 2 OTHER	rise to immo) stating the ouse lost.	NOITIONS CONTRI	(c) BUTING TO DEATH B	AS A CONSEQUENC UT NOT RELATED TO THE TI	ERMINAL DISEASE OR CONDITIONS OF THE PROPERTY	TION GIVEN IN PART 1 (1		, , , , , , , , , , , , , , , , , , ,		,	UTOPSY?	
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTA

L HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR LAST 2a DATE OF DEATH MONTH 2b. HOUR 1. DECEASED NAME (TYPE OR PRINT) MARVIN GALE GRAHAM **AUGUST** 1980 3:15P & AGE LIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE 5 DATE OF BIRTH 3 SEX MONTH HOURS Dec. 25, 1937 White Male BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OF FOREIGN MARRIED X NEVER MARRIED ALLEGANY COUNTY, West Virginia DIVORCED T WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SACRED HEART HOSPITAL Vice-Pres./Offic Banking Cumberland USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 131 COUNTY 136 CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Oakland Rt. #1. Box 360 Garrett YES [ NO IX 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE Wolfe Harlan Zora Graham I MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWNI (IF YES, GIVE WAR OR DATES) Mrs. Vera Graham, See #13 above 234-58-0649 1961-62 Yes APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. ma IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOX NO [ YES [ 216 TIME OF INJURY 710 ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 214. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE IAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 8-21-10 10 22a I certify that (I) (this hospital) attended the deceased from 80 , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated sow the deceased alive on. above, (1) (we) (did) (did not) view the body after death 22c. DATE SIGNED 22b. SIGNATURE/ DEGREE STAFF ATTENDING MEDICAL 6-26-80

BP

50

**DHMH-16 25M** (VRA 15, 4) 1/79 buria

23a. BURIAL, CREMATION, REMOVAL

224. PHYSICIAN'S NAME ITYPE OR FRING

8/25/80

Dr. Wayne/Spiggle/MD

BMG, 912 SETON DRIVE, CUMBERLAND, MD.21502 23c NAME OF CEMETERY OR CREMATORY Fairview Cemetery

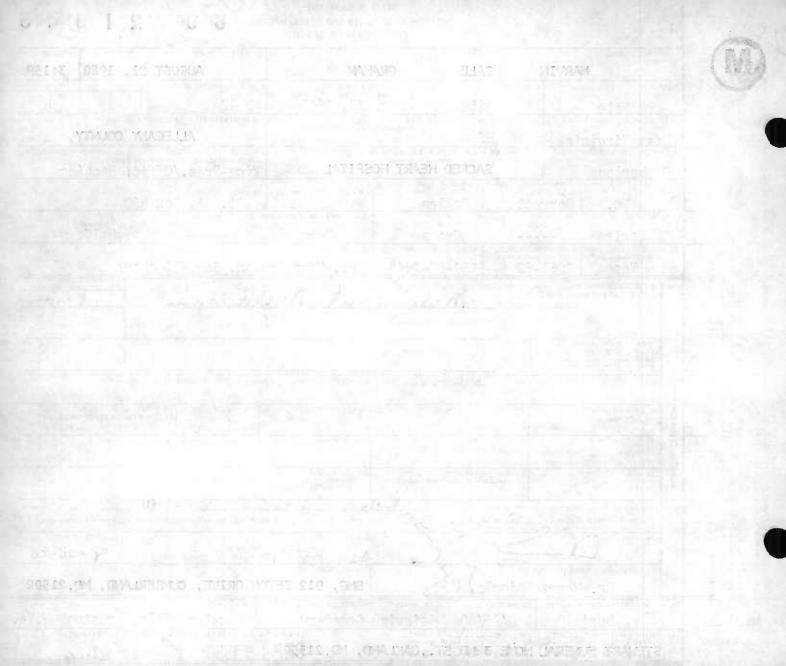
22e ADDRESS

PHYSICIAN 17

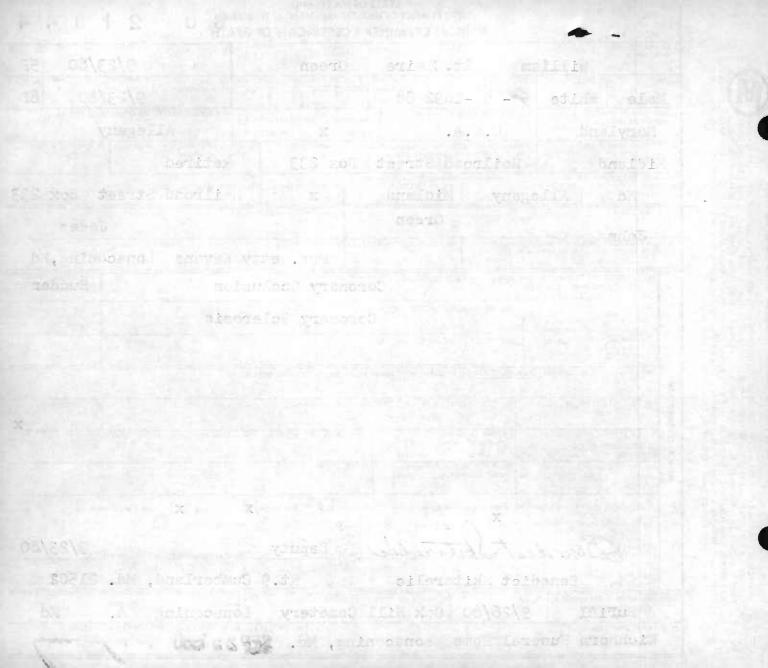
DIRECTOR PHYSICIAN

23d LOCATION Bruceton Mills, Preston, W.Va.

24 FUNERAL DIRECTOR Bradley A. Stewartoress STEWART FUNERAL HOME, 32ND ST., OAKLAND, MD.21 75e. DATE REC'D. BY REGISTRAR 25h, REGISTRAR'S SIGNATURE



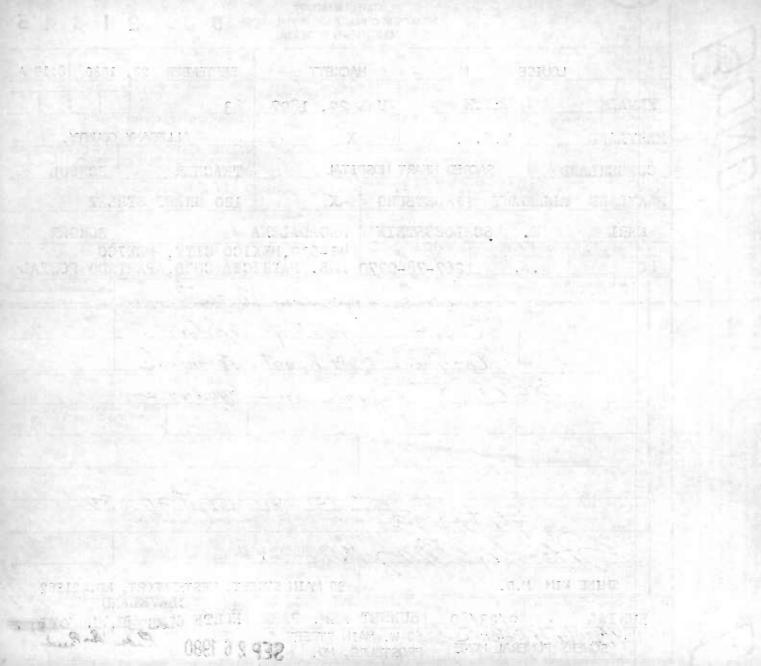
1.	FOR STATE	DEPARTMENT OF I	TE OF MARYLAND HEALTH AND MENTAL HY ER'S CERTIFICATE OI		2 1	8 4	4
	REGISTRAR  ECEASED NAME FIRST  YPE OR PRINT)	MEDICAL EXAMIN	LAST LAST	20. DATE KNOW	G, NO.  /N MONTH DA	Y YEAR	2 <b>b</b> . HOU
1	Willi	am St.Claire	Green	OF ESTI-	0 0 9/23/	80	5P
3. SE	Male Whita	5. DATE OF BIRTH MONTH DAY  5 - 9 -1892 88 YR	RS IF UNDER 1 YR. IF UNDER 2 Y) MONTHS DAYS HOURS	4 HRS. 2c. DATE PRONOUNCED DEAD	9/23/8		24. HOU
70. E	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIE WIDOWED DIVORCEI	D	ity or county of legany	FDEATH	441
	CITY OR TOWN OF DEATH  Midland	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Railroad Street	OR OTHER INSTITUTION  Box 233	120. USUAL OCCUPATION FOR MOST OF WORKING LIEE RELIFED	(TYPE OF WORK 12b.	KIND OF BUSI OR INDUSTRY	INESS Y
USU 130.	JAL RESIDENCE (IF IN NURSING HOME OF STATE 13b. COUN' All	r OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION IN COMMISSION IN CO		13e STREET ADDRESS Railroad	Street	Box	233
	FATHER'S NAME	MIDDLE Green	15. MOTHER'S MAIDEN	NAME	Ja	Mes	
160.		WAR OR DATES)		ty Eavans	Lonacon		
	PART I DEATH WAS CAUSED	y one couse per line for (o), (b), ond (c).) BY: E CAUSE (a)	oronary Occlu	usion	ВІ	APPROXIMATE IN	NTERVAL PO DEATH
NC		DUE TO, OR AS A CONSEQUENCE O		1 (a).			
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERA	ATION WAS PERFORMED?		20	. AUTOPSY?	
		21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	21c. HOW INJURY OCCURRED	LENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)	YES 🗌	NO 🔀
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY		STATE
		e of the remains described above, held an oll couses	Autopsy , Inspection ide , Homicide , TITLE (SPECIFY)	Undetermined monner	and in my opinian  DATE SIGNED.	9/23/	180
0		dict Skitarelic	ADDRESS Rt.9	Cumberlan	d, Md. 2	21502	
L	BURIAL, CREMATION, REMOVAL 2: (SPECIFY) Burial		etery or crematory  1 Cemetery	Location Lonaconin		Md	Ĭ.
24. F	Eichhorn Fun	eral Home Lonaco	oning, Md.	C'D. BY REGISTRAR 25b.	REGISTRAR'S SIGN	ATURE	7



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY 2b. HOUR (TYPE OR PRINT) LOUISE HACKETT 1980 SEPTEMBER 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR WHITE FEMALE 1897 JUNE TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED MARYLAND ALLEGANY COUNTY, WIDOWED DIVORCED F 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SACRED HEART HOSPITAL CUMBERLANT TEACHER SCHOOL JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
30 STATE | 13b COUNTY | 13t CITY OR TOWN 130 STATE 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? MARYLAND ALLEGAN FROSTBURG 120 GRANT 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE KARL MAGADALENA MIDDLE SCHLOSSSTEIN BORGER 11410ENG39 MEXICO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO CITY MEXICO (YES, NO OR UNKNOWN) ( IF YES, GIVE WAR OR DATES) NO MRS. PATRICIA COBB. APARTADO POSTA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per lipe for (a), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO. oth underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION ndrom 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY P IN CERTIFYING CAUSES OF DEATH? pe YES F NO [ entol Hygin 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION ٤ (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on obove, (I) (we) (d a mot) view the body after death 71% SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN \* MPORTANT: 226 PHYSICIAN'S NAME TYPE OF PRINT 22e ADDRESS should be SHINE KIM M.D. 90 MAIN STREET, WESTERNPORT, MD. 21562 0 236. LOCATION CLEVE LAND 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY SUNSET BURIAL MEM. PARK BP. ADDRES 60 W. MAIN STREETSO DATE REC'D. BY REGISTRAR 256. RU STRAR'S 24 FUNERAL DIRECTOR

FROSTBURG, MD.

DHMH - 16 60M 7/73 (VR A 15 (4))



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and the state of t	4	Cumberland	Sacre	CHEACILITY, GIVE STREET A	ADDRESS)		(TYPE OF WORK FOR MOST O	WORKING LIFE) IN	Hospital
of the state of th	13a	AL RESIDENCE (IF NURSING HOME STATE 13b. CO.	OR OTHER INSTITUTION	13c CITY OR TOWN	N AGMISSION)	13d. INSIDE CITY LIMITS?	Rt. 1, B	ox 46	
mpletery ond 2 st	14 F/	ATHER'S NAME FIRST  Andrew	MIGDLE	Hargosh		15. MOTHER'S MAIDEN NA FIRST		PACTE LA	lich .
s lo	16a \	WAS DECEASED EVER IN U.S.		16b SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRE		Box 46
Page Page	(	YES, NO OR UNKNOWN) (IF YES, G	GIVE WAR OR DATES)	217-07-6	ロフラエ	Mrs. Rose I	E. Hargosh,	Prosther	10 X 40
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he law requires the has been signed to permit. Then plece one prior to burial ows any injury, or	RTIFICATION	gove rise to immediate couse iol, stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN 198 DATE OF OPERATION	T CONDITIONS C	OPTRIBUTING TO D	DEATH BUT	My, Sufer	20a AUTOPSY? YES NO	20b. IF YES, WEI IN CERTIFYING YES []	RE FINDINGS USED CAUSES OF DEATH NO
AN: The law requires thysician hysician icate has been signed fronsit permit. Then plec Hygiene prior to burial 18 shows any injury, ar	CAL CERTIFICATION	gove rise to immediate cause iol, stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN	T CONDITIONS C	OPTRIBUTING TO D	DEATH BUT	Myn. Lefer	20a AUTOPSY? YES NO	20b. IF YES, WEI IN CERTIFYING YES []	RE FINDINGS USED CAUSES OF DEATH NO
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1,		ART 2 OTHER SIGNI					TED TO THE TERMI	NAL DISEASE	OR CONDITIO	N GIVEN IN PAR	RT 1 (a).							
MEDICAL CERTIFIC		190. DATE OF OPERATION			of Prostate  19b CONDITION FOR WHICH OPERATION WAS PERFORMED?										20. AUTOPSY?			
		9-18-80			Decompression of Subdura 1 Hematoma									YESXXX NO				
		In. XXXXXXXI	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART )									1 OR PART		-	NO L	
	2	Id. INJURY OC WHILE	CURRED	X	21e PLACE O STREET, FACTO	F INJURY	(AT HOME,	21f. LO	CATION TREET			CITY OR TO	OWN		COUN	NTY		STATE
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	4.5	ACTUAL SIGNATURE Benedict Starelic M.D. Deputy MEDICAL EXAMINE							MINER		DATE SIGNED	9-25	-80					
1	, E	XAMINER'S NA	Benedi	ct Sk	itarel	ic,	M.D.			#9,Cu					nd 2	1502		
23a	.BUR	IAL, CREMATIC	ON,REMOV	AL 23b. DA1	TE	23c. N	NAME OF CEM					CATION			COUNT		STAT	
24.	FUN	Buri JERAL DIRECTO	OR		t 29/80		rosper		-	250. DATE	20 B	E CHATR	one	REGISTA	Bedfo	ord Syatore	Pen	na
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(VRA 15, 4) 1/79

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FOR

- STATE

(VRA 15, 4) 1/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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			REGISTRAR		M	EDICAL EX	AMINER		CATE OF	DEATH	REG. NO.		
			CEASED NAME	FIRST		MIDDLE		LAST		20. DATE KN	OWN MONTH		2b. HOUR
	OR. ES. IRS ET,			Doro	thy	F.	Ho	usel		DEATH M.	ATED 0	1-6-1980	9am
	PLEASE RECTOR. R FILES. HOURS STREET,	3. SE	4	I. RACE S	DATE OF BIRT	H YEAR	AGE (IN YEARS	FUNDER 1 YR.	IF UNDER 24	HRS. 20 DATE PRONOUNCE	HTMOM	DAY YEAR	2d. HOUR
	N 220 PF	Fe	male		April	5,1910	70 YRS.	ONTHS DATS	HOURS	DEAD	9-6-	. ,80	llam
	SE REPORT		RTHPLACE (STA	TE OR 7	b. CITIZEN OF	WHAT COUNTRY	? 8. M	ARRIED   NE	VER MARRIED	9. BALTIMOR	E CITY OR COUN	TY OF DEATH	
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MOM	TER DE FORM SS 1 AN	16a. \	VAS DECEASED	EVER IN U.S. ARME	D FORCES?	16b. SOCIAL	SECURITY NO	17. INFOR	MANT	-	ADDRESS		
BALTIMORE,	URS AFT B. GIVE WITH F PAGES DIVISIO		No			220-	75-979	8 Mrs	. San	dra Mill	er, Fro	stburg	Md.
			18 CAUSE OF	DEATH (Enter anly	ane cause per li							APPROXIMAT BETWEEN ONSE	E INTERVAL
PRESTON ST.,	N 24 HOU I ITEM 18 ALONG T PERMIT YGIENE, I.		PARTIDEA	TH WAS CAUSED E				Coron	ary 0	cclusion		Sud	
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8	MITHER PARKET TAL H			s, if any, which to immediate	(b)			Coron	ary S	clerosis			12.7
×	UTED WI EXAMIN EXAMIN RIAL-TRAI MENTA OR REMO		cause (a) s lying cause	stating the <u>under-</u>	DUE TO, C	OR AS A CONSEC	QUENCE OF				N 1007		
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DIVISION OF VITAL RECORDS, 301	HOULD BE EXECUTED WITHIN 2 RD "PENDING" IN PENCIL IN IT CHIEF MEDICAL EXAMINER ALC USED AS A BURIAL-TRANSIT PE OF HEALTH AND MENTAL HYGI AL, CREMATION, OR REMOVAL.		PART 2 OTNER SIGN	NIFICANT CONDITIONS CO	NTRIRUTING TO DEA	TN BUT NOT RELATED	TO THE TERMINAL D	SEASE OR CONDITIO	IN GIVEN IN PART 1	l (a).			-
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٥	E S A A E E		AT WORK	AT WORK							_		
	EXAMINER: THIS CERTI CERTIFICATE, WRITING UID BE FORWARDED 1 DIRECTOR: PAGE 3 SH WITH THE STATE DEPA NARYLAND, 21201 PRIOR		22a. I certify	that I taak charge o	of the remains d	described abave,	held an A	otapsy ,	Inspection	X, Inquiry	and in my o	pinian	
	EXAMINEI CERTIFICA JLD BE FG DIRECTOR WITH THE ARYLAND,		death resulted	d fram: Natural	causes X	Accident	, Suicide	Hami	cide .	Undetermined manne	er ,		
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	TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 217	23a.B	JRIAL, CREMATI	ION,REMOVAL 23b.	. DATE	23c. NAA	AE OF CEMETE	RY OR CREMATE	ORY I	23d. LOCATION	col	unty s	TATE
	BP		Buria	1	ept.91	80 Mt	Zion	Cemet		Garrett	County		
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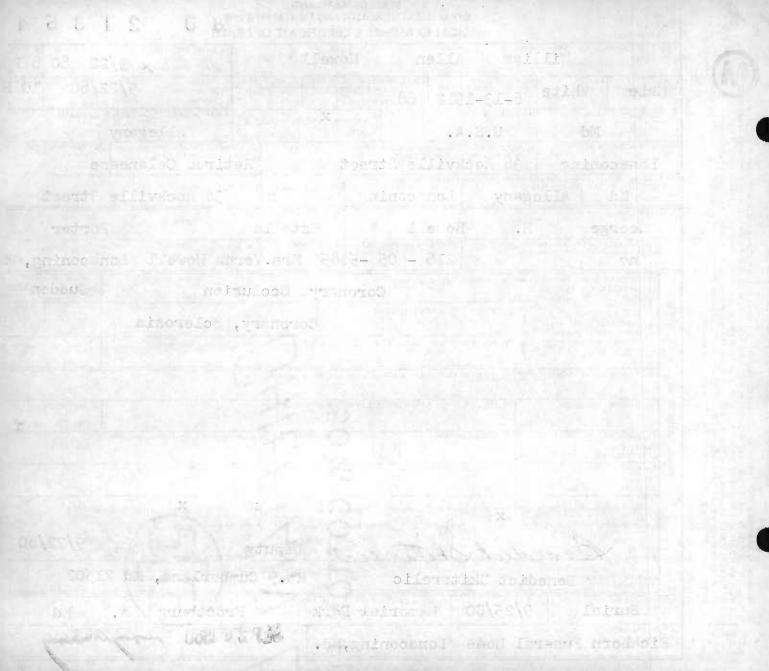
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	(TYP	OR PRINT)	Will	liam	Allen	H	owell	20	OF ESTI- DEATH MATED	_	/22 1,80	8 P <sub>M</sub>
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		THER'S NAME	ge		Howell		15. MOTHER'S MAI	DEN NAME	WIDDLE	1	Porter	
	16a, W (YE	no, or unkno		VAR OR DATES)		1TY NO.	17 INFORMANT 885 Mrs	.Vern	a Howel		naconi	ng,Mo
		PART I DE	ATH WAS CAUSED	y ane cause per line ( BY: E CAUSE (a)	far (a), (b), and (c).)	Coro	nary Oc	clusi	on		BETWEEN SIS	TE INTERVAL
			ns, if any, which		AS A CONSEQUENC	E OF	Coron	ary,	Scleros	is		8. 9
			stating the under-	< '	AS A CONSEQUENC	E OF						
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ı	MEDICAL CERTIFICATION		OR CAUSE WAS OR CAUSE OF D	21b. TIME OF HOUR A.M. EATH P.M.	MONTH DAY YE		OW INJURY OCCUR	RED (ENTER NAT	TURE OF INJURY IN ITEM	18 PART 1 OR P.		
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1		EXAMINER'S I	NAME Bene	dict Sk:	itarelic		Rt.	9 Cumb	erland,			
	23a. BL {S	RIAL, CREMATE BUR	ion, REMOVAL 23	9/25/80	23c. NAME OF C	EMETERY C	R CREMATORY	23d. LÓC/	östburg			STATE
1	24. FL	ineral direc		The section of			25a. DA	B TO DO BY RE	EGISTRAR 256. RE	GISTRAR'S	SIGNATURE	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4) 1/79

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WITH FORM PM PAGES 1 AND 2 DIVISION OF VITA	1		JÖHN			JAC	KSON		1	ALICE				1	1cDC	NAL	D	
N O O A	Ī	16a. \	VAS DECEASED EVE	R IN U.S. ARM		16b. SOC	IAL SECURIT	Y NO.	17. INFOR	RMANT			ADDRES	s FR	STE	BURG	MD	) .
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STATE OF MARYLAND

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SCARPELLI FUNERAL HOME

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CUMBERLAND.

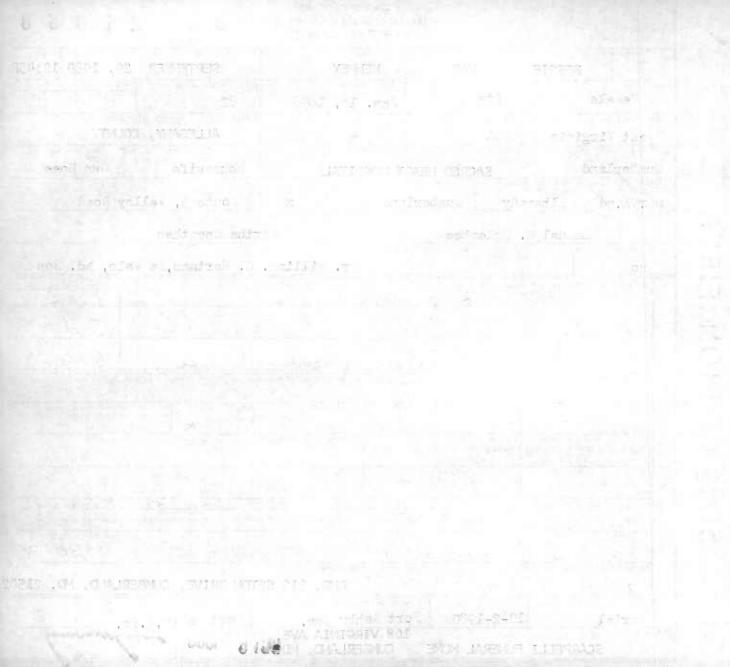
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)



Eichhorn Funeral Home Lonaconing

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Item 8 G 548 10/9/80 GB

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DHMH-16 30M 2/80 (VRA 15, 4)

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DIVISION OF  NG PHYSICIA  offer this certif the standard of th	rked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		CE OF INJURY :, STREET, FACTORY, OFFICE, F		LOCATION STREET	CITY OR TOV	VN COUNTY
ATTENDIN nospital ar ECTOR: Af	em 21 is mo		220.1 certify that (1) (this has sow the deceased alive a abave. (1) (we) (did) (did no 22b. SIGNATURE)					to death occurred on the do	ate and hour and fram
by the h	ANT: If He		22d. PHYSICIAD'S NAME CTYPE	W J	logger	Mi	ATTENDING	MEDICAL STAI	FF 71
O HOSP etained TO FUNE should be	MPORTA		DOHN,	A Top	PER	MD,	Lyndma	u ba	5545
F 5 F V			SURIAL, CREMATION, REMOVA	L 236. DATE	23c N	NAME OF CEMET	ERY OR CREMATORY	23d. LOCATION CITY OR TOWN	State

FOR - STATE

REGISTRAR

SPONAUGLE INTSTONE MD.21530 100 IF YES, WERE MOING USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [] RY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE \_\_\_\_\_\_, 19\_\_\_\_\_\_\_, that (I) (we) last ate and hour and fram the causes stated BURIAL 30 SEPT 80 NELSON CEMETERY RIVERTON REGISTRAR 256. REGISTRAR 24 FUNERAL DIRECTOR SILCOX-MERRITT FUNERAL SERVICE CUMBERLAND M

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

REG. NO.

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12b. KIND OF BUSINESS OR

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BP\_ DHMH - 16 60M 1/75 (VR A 15 (4))

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H. Wayne George, 202 Greene St. Cumberland.

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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LEASURE-STEIN FUNERAL HOME, INC. CUMB, MD. 21502

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

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DURST FUNERAL HOME, 57 FROST AVE., FROSTBURG,

(VR A 15 (4))

STATE OF MARYLAND

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FROSTBURG MD 21532

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

FOR

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	3 SE)	Male		4. RACE White		5. DATE O	Б. 12°, 19°68	6. AGE (IN YEARS LAST BIRTI	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
35		RTHPLACE (STATE COUNTRY) Maryland	1	USA	WHAT COUNTRY?	WIDOW		9. BALTIMORE CITY OF ALLEGANY O	•		MD.
0	C	umberland	1	SACRE	D HEART I	HOSPI	TAL	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Retired		E) INDUSTRY	F BUSINESS OR Cruction
3	13a. S	Md.	13h COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOWI Cumberla		134. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e. STREET ADDRESS 603 Que	bec A	ve.	
11				E. B.				essie L. Lew		LAS	т
1	16a W	YAS DECEASED EV	IN U.S. AR	E WAR OR DATEST	166 SOCIAL SECUI	rity no.	Mr. Sidney E	ADDRES Lewis, La			ON MATE INTERVAL ONSET AND DEATH
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		226. SIGNATURE	už Y.	Hodid	4		DEGREE  ATTENDING PHYSICIAN  1226. ADDRESS	MEDICAL STAF	AN 🗌	22¢ DATE	27/80
1		CALVIN	Y. HA	DIDIAN,			12707 MCMULL		UMBER	RLAND, N	MD 21502
	(	URIAL, CREMATIO SPECIFY Burial	L		-1980 Н	ille	rest Burial Pa		and.	COUNTY Allegar	STATE NV. Md.
		ARPELLI		- HOME,	108 VIRO		AVE. MD 21502 SE	E REC'D. BY REGISTRAR	Sh. REGISTI	RAR'S SIGNAT	URE

BP.

MPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other troumotic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending p should be detached for use as the buriol-transit permit. Then please remove carboni with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem

DHMH-16 30M 2/80 (VRA 15, 4)

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SELECTION OF THE SALES 1,100 SACRED HENRY HOSPITAL two tractions, solve the two tractions of the traction of the tractions of The party of the sent painted from the The English of White of the and the second and the second second ic. Retor . Henroses, J. D. Th. D.C. 912 SETUN DITYE, CLOSENIND, NO. 21501 Telegraphic Address of the Second Sec SCHRELLI RINERAL ROLE COME TO ME.

STATE OF MARYLAND

Items 18c,21a,22a G549 11/5/80

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

REGISTRAR

- STATE

RLCY: LEO MILLER XMSERTEMBER 7,1990 0:10A

CUMBERLAND MEMORIAL MOSPITAL Clearers I comberlend : De Clear n = . Letter

Ten 1 Mars 213-12-25to Han Helen H. Miller Park He. He.

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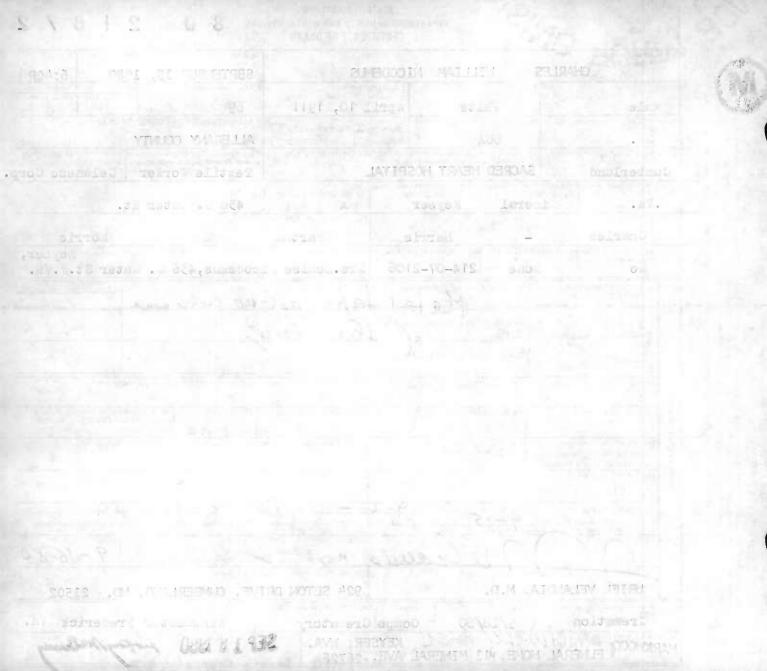
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DHMH - 17 (VR A15 ME (5)) 15M 7/76		NAME Wayne		ge 20	2 Green	e St.	Cumbe	2150 rland	)2 1, Md.	SEF	3 0	1980	R 256. B	EGISTRAR	SSIGNA	TURE	

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				21	ATE OF MAKTLAND	a 196.	
	1	FOR STATE REGISTRAR	DE		FHEALTH AND MENTAL HYG TIFICATE OF DEATH	REG. NO.	2 1 8 7
	1. DE	CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MO	ONTH DAY YEAR 26 HOUR
		CHARLES	S WILLIAM	NICOD	EMUS	SEPTEMBER 1	5, 1980 6:40
	3 SE	X	4 RACE		E OF BIRTH	6. AGE IN YEARS LAST BIRTHD	AY) IF UNDER 1 YEAR IF UNDER 24
		Male	White		Fil 10, 1911	69	YRS.
10	Pa. B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUR	TRY?	RIED A NEVER MARRIED	BALTIMORE CITY OR	COUNTY OF DEATH
10		Md.	USA	WIDO	WED DIVORCED	ALLEGANY CO	DUNTY
50	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	STREET ADDRESS)		178 USUAL OCCUPATION	
de		umberland /	SACRED HEART	HOSPIT		Textile Wor	
3	13a	AL RESIDENCE IN NURSING HOME OR STATE 136. COUN .Va. Mil	other institution, give residence ity is cally of the residence ity of t	NWOTS	13d. INSIDE CITY LIMITS? YES \( \bigcirc \) NO \( \bigcirc \)	130. STREET ADDRESS 436 S. Wat	ter St.
28	14 F.	ATHER'S NAME FIRST Charles	ADDLE LAS	rris	15. MOTHER'S MAIDEN NA FIRST Martha	ME MIDDLE	Morris
0	16a \	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL	SECURITY NO		ADDRESS	
2	- (	3.7	None 214-0	7-2106	Mrs.Louise N	icodemus.436	S. Water St.W.Va
		18 CAUSE OF DEATH (Enter on	y ane cause per line far (a). (	b), and (c),	1 /		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSE)		lap	Jahr al	euo Caru	
		1/30	E CAUSE (o)		Active dec		au au
		Canditians, if any, which	DUE TO, OR AS A CON	SEQUENCEO	(So los	0	
2		gave rise to immediate	(b)	5	Jux car		
		cause (a), stating the underlying cause last	DUE TO, OR AS A CON	SEQUENCE OF			
		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	C TO DEATH B	LIT NOT BELATED TO THE TERM	AINI AL DISEASE OR CONDIT	IONI CRIENI INI DARTI IV.
	Z	The content of the co	CHOINDING CONTRIBUTION	3 TO DEATH	OT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDIT	ON GIVEN IN PART ITO
7	ERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERAT	ION WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED
1	TIFIC					YES NO I	N CERTIFYING CAUSES OF DEATH?  YES NO NO
0	CER	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	
1	AL	OR CONTRIBUTING CAUSE OF DEA! (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEA	AR		
	MEDICAL	216. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION		
	¥	WHILE NOT WHILE T	(AT HOME, STREET, FACTORY, C	FFICE, FARM, ETC )	STREET	CITY OR TOWN	COUNTY STATE
		22a I certify that (I) (this haspit	al) attended the deceased t	rom_9-	L - 10 X	0 to 9-11	19.80 , that (I) (we)
		saw the deceased alive an	9-15		and that in (my) (aur) apinian	death accurred an the date	and have and from the causes stated
		abave, (1) (we) (did) (did not	viewthe bady after death_		DEGREE		22c DATE SIGNED
		()(	V10066	Meri	ATTENDING	MEDICAL STAFF	9 7/ 0
7		THE PHYSICIAL STRAME (THE OF	PRINCE)	mu.	27a ADDRESS	DIRECTOR   PHISICIAL	
		URIEL VELANDI				IVE, CUMBERL	AND. MD. 21502
	73a I	NIRIAL CREMATION PEMOVAL	The second second second	73r NAME OF	CEMETERY OR CREMATORY	1734 LOCATION	
		remation	9/18/88		s Crematory	CITY OR TOWN	ter Frederick Va
= 1	24. F	UNERAL DIRECTOR AVAILABLE	D. Milled Com 0	7	Ter of	THE DA BY REGISTRARIZED	REGISTRAR'S SIGNATURE
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		CONTRACT	THE PARTY PARTY	IVAL HVE	-•, Zb/Zb		



	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MEN CERTIFICATE OF DEA	TAL HYGIENE	8 0 REG. NO	2 1	8 7
		CEASED NAME FIRST	MIDDLE	LAST	2a. DA		MONTH DAY YEAR	26 HOUR
		Mildre		Noel		/30/80		7:45
	3. SE.		4. RACE	5. DATE OF BIRTH	YEAR	(IN YEARS LAST BIRT	THDAY) IF UNDER 1 YE MONTHS DA	
	70. BI	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY	2 8	05 7	IMORE CITY OF	R COUNTY OF DEATH	
Out		Maryland	USA	MARRIED NEVER MAR	RIED '	legany		
notified of	10 C	TY OR TOWN OF DEATH Fros tburg		NG HOME OR OTHER INSTITU	TION 126 US	UAL OCCUPATION WORK FOR MOST OF	F WORKING LIFE) INDUST	D OF BUSINE RY Home
and Some	USU.	AL RESIDENCE (IF NURSING HOME COTATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION) NN 13d INSIDE CITY I		REET ADDRESS		
)/(	14. FA	THER'S NAME EIRST LOVIS	MIDDLE LAST Rank	15. MOTHER'S MA	izabeth	WIDDLE		Jenkin
O Di Di	(	VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, G UNKNOWN	RMED FORCES? 166 SOCIAL SEC 17 SOCIAL SEC 217-03			ADDRE	ace, Fbg, M	
or giner froumanc event,		PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	LISER CARCING JENCE OF	makosi		60	ROXIMATE INTE
<u>×</u>	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	BOT NOT KELATED TO	THE TERMINAL DI			Ira
your and injury.	TIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORME	I Land	AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	DINGS USE
ed or nem to shows only injury.	MEDICAL CERTIFICATION	190 DATE OF OPERATION  NO NE  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTHY MEDICAL BANNA)  211d. INJUNY OCCURRED  WHILE NOT WHILE	196 CONDITION FOR WHICH	H OPERATION WAS PERFORME  21c. HOW INJUR  19  21f. LOCATION	ED 20a.	AUTOPSY?	YES TEM IS PART I OR PART	DINGS USE SES OF DEAT NO [
MPORIANI: If them 21 is marked or frem 18 shows only injury.	MEDICAL	19a DATE OF OPERATION  NO NE  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OFD  (IF EITHER NOTHY MEDICAL SALVA)  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  220.1 certify that (1) (this has	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.  21d. View the body after death.	PARM ETC 216. HOW INJUR  216. HOW INJUR  216. LOCATION  STREET  DEGREE  ATTE	Y OCCURRED (EN 19.78, to.) apinian death ac MEDING	AUTOPSY?  NO LITER NATURE OF INJUR  CITY OR TOV  CUTY OR TOV  CUTY OR TOV  AUTOMOTION  CAL STAF  TOR PHYSIC	IN CERTIFYING CAUSE YES  RYINITEM 18 PART I OR PART WAN COUNTY  TO TO THE COUNTY  THE COUN	DINGS USEI SES OF DEAT NO [2] -, that (I) (i the causes sta

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1		OR	D	EPARTMENT OF HE	ALTH AND MENT	AL HYGIENE	0 1 0 7 4
1		TATE EGISTRAR	MED	ICAL EXAMINE	R'S CERTIFICAT	TE OF DEATH REG. NO.	210/4
		ASED NAME FIRST		WIDDLE	LAST	2a. DATE KNOWN X	MONTH DAY YEAR 26. HOUL
Ì		Char	cles H. Plu			DEATH MATED	9-10 19 00 3 a
	SEX	4 RACE	5. DATE OF BIRTH	YEAR LAST BIRTHDAY)	IF UNDER 1 YR. IF U	NUER 24 HKS. Zt. DATE	MONTH DAY YEAR 24 HOUL
		le White	Feb. 27,1	.906 74 YRS.		DEAD DEP	t.18 1, 80 3 <sup>4</sup> 5,
/ 0.		ign country) aryland	USA		MARRIED MEVER	MARRIED	
10		OR TOWN OF DEATH		ITAL, NURSING HOME, C			7,40
		mberland	(IF NOT IN SUCH FACE	ial Hospita		FOR MOST OF WORKING LIFE)  Retired Carman	OR INDUSTRY
JS	SUAL	RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION			nallroad
.30	s. ST	Md.   13b. COUR		Cumberland	13d. INSIDE CITY LIN YES 🙀 NO	Alts: 136. Street Address  414 Seymour S	St.
4.	FA1	HER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S A	MAIDEN NAME MIDDLE	LAST
,	100		H. Plummer		IO. 17. INFORMAN	Elizabeth Wade	
00	(YES		WAR OR DATES)	16b. SOCIAL SECURITY N			7 7 7 7 7 7 7 7
_	_	No			Firs.	Nola Plummber, Cum	Derland, Md. Wife
		8 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	D BY:		ranial Hem	orrhage	BETWEEN ONSET AND DEATH
		8809 IMMEDIA	TE CAUSE (a)			0	4.
d	21	Conditions, if any, which gove rise to immediate		s a consequence of Contusio	ons of brain	n	
		cause (o) stoting the under		S A CONSEQUENCE OF		11	
		lying cause last.	(c)		<u> </u>	t residence)	
2		PART 2 OTNER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINA	L DISEASE OR CONDITION GIVE	N IN PART 1 (a).	
CEBTIEICATION	2	9a DATE OF OPERATION	196 CONDITION	ON FOR WHICH OPERAT	ION WAS PERFORMED	?	20. AUTOPSY?
Clair							YES NO
PED.		10. EXTERNAL CAUSE WAS	21b. TIME OF 1		21c. HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
- 40 0	AL	UNDERLYING A OR CONTRIBUTING CAUSE OF	DEATH P.M.	9-18-80 19	Fell down	steps in own resid	lence
702	₹ I	14 INTURY OCCUPPED	21a PLACE OF	FINJURY (AT HOME,	21f. LOCATION	et «CITY OR TOWN	ecounty are estate
8.6	2	WHILE NOT WHILE X	A Ho	me RY, FARM, ETC.)	414 Se	ymour Street; Cumbe	erland, Alleg. Md.
		22a. I certify that I took char		ribed above, held on	Autopsy , Insi	pection X, Inquiry X, and	in my opinion
		death resulted fram: Note	oral couses ,	Accident , Suicid	te . Homicide	Undetermined manner ,	
		ACTUAL . D	1	XI	TITLE (SPECI		DATE
		ACTUAL BENEFICIAL SIGNATURE	educt	Skelareli	M.D. Depu	MEDICAL EXAMINER	DATE SIGNED 9-18-1980
-		XAMINER'S NAME TYPE OR PRINT) Dr.	Benedict	Skitarelic M	D ADDRESS C	umberland.Md.	
230	a BLI	RIAL, CREMATION, REMOVAL			TERY OR CREMATORY	23d. LOCATION	COUNTY STATE
		Burial	9-56-80	Sunset Me	emorial Par	k Cumberland A	
24		NERAL DIRECTOR			25a. C	DATE REC'D. BY REGISTRAR 25b. REGIST	BES SMORELLE
		James F.	carpelli,	Cumberland,	Md.	API N N 1999	/

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		FOR STATE REGISTRAR	1 N. S.			CERTIF	E OF MARYL EALTH AND ICATE OF	MENTAL HYG	REG. N		1 8	7 5
>		CEASED NAME OR PRINT)	FIRST Mildre		MIDDLE	Porte			9/19/80	н н н н	DAY YEAR	25. HOUR 1:50p M
0	3. SE>			4. RACE Whit	Number 1	5. DATE O	F BIRTH	05	6. AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 HRS
72 p	C	RTHPLACE (STATE OR F COUNTRY) Eckhart,	MD.	USA	WHAT COUNTRY?	WIDOWE	DX D	MARRIED	9 BALTIMORE CITY S Allegany	OR COUNTY	OF DEATH	MD
) g		Frostburg		Frostb	HOSPITAL, NURSING THE FACILITY GIVE STREET A	nity			120. USUAL OCCUPAT (TYPE OF WORK FOR MOST HOUSEW II	OF WORKING LIFE		DE BUSINESS OR
bould the	13a. S		13b COUN Alle	other institution ITY gany	13c. CITY OR TOWN Frostbu	N 1	13d. INSIDE (	NO X	13e. STREET ADDRESS	Box 4	419	
ond 2	I4.FA	THER'S NAME GEORGE	٨	MIDDLE	Porte	r	15 MOTHER	Ida	Mae		Brow	m
. Poges		VAS DECEASED EVER	IN U.S. ARA	MED FORCES? E WAR OR DATES)	220-3		17. INFORM		8 Tarn Teri		Frostbu	rg, Md.
hen please remove corb o burial, crematian, ar jury, or other traumatic	N	Canditians, if any, gove rise to imm cause (o), statin underlying couse	nediate ig the lost.	DUE TO, O	BAS A CONSEQUE BAS A CONSEQUE DELLA CONTRIBUTING TO D	NCE OF	NOT RELATE	Sel D TO THE TERM	INALDISEASE OR COM		EN IN PART I	a <sup>1</sup>
ene prior t	CERTIFICATION	19a DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATION	N WAS PERFO	ORMED	200 AUTOPSY?	IN CERTIF	, WERE FIND! YING CAUSES	
is the burial-transit lith and Mental Hygi lith and Mental Hygi lorked or them 18 sh	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR	CAUSE OF DEAT CAL EXAMINER) RED HILE RK	P. 21e PLACE (AT HOME, STI	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	19	21c. HOW II	ION	RED (ENTER NATURE OF INJI		COUNTY	STATE
pt. of Heo em 21 is m		220.1 certify that (1) sow the decease abave, (1) (w	ed alive an	Spril	1/9/19		d that in (my	) (aur) opinion	death occurred on the c	lote and hour	ond from the	
Stote Der		278 SEMYSICIAN'S NO	ME ITHE CO	46	m	7	400		MEDICAL STA		INC DATE	SIGNED
with the		Dr. S	. Kim	Walter Street		/	1000		Esternport	, Md/		

BP

DHMH-16 30M 2/80 (VRA 15, 4)

SOWERS FUNERAL HOME, 60 W ADMAIN ST. FROSTBURG

23b. DATE 9/22/80

230. BURIAL, CREMATION, REMOVAL BUR TAL

23c. NAME OF CEMETERY OR CREMATORY ECKHART CEMETERY

23d. LOCATION
CITY OR TOWN
ECKHART

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FUNERAL HOME 111 CHURCH STREET.

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eith S. Shaffer, 230 E. Main St., Romney, WVCFD 1

FOR

**DHMH-16 25M** 

(VRA 15, 4) 1/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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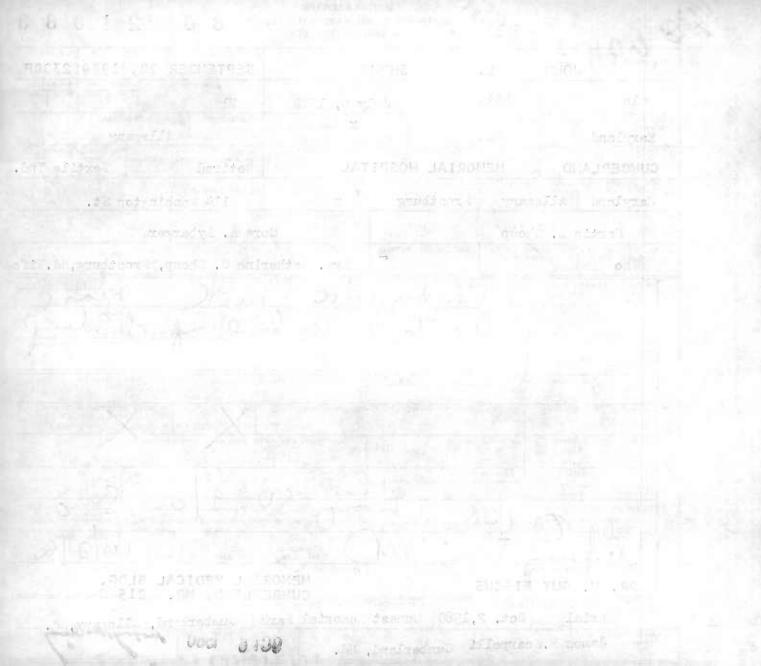
(VRA 15, 4) 1/79

2 1 8 7 9 MADELOGETS N. STREET STREET CUMBERLAND | SENORIAL STORE SOME STATE STATE STATE DR. A. S. HATTAN CHARLELAND, NO. 21502 Party of the Control of the Control

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



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6	hat the death certificate be executed within 24 hours after death. Page 4 mars but	directif files
-	rs after death	the funeral within 72 h
V. PRESTON ST., BALTIMORE, MARYLAND 21201	within 24 hour	y the attending physician and completely filled in by the funeral direct remove carbon papers. Pages 1 and 2 should be filed within 72 hours a cremation, or removal.
IMORE, MAI	e be executed	n and comple Pages 1 and 2
4 ST., BALT	th certificate	y the attending physicia remove carbon papers. Cremation, or removal.
1. PRESTOP	hat the deat	remove carb

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE I DECEASED NAME 7a DATE OF DEATH MONTH DAY 7b. HOUR LTYPE OR PRINTI LEAFIE SHROUT SEPTEMBER 14 1980 4 RACE 5 DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY # UNDER I YEAR IF UNDER 24 HRS "Sept. 14 1980 MONTHS DAYS Female White To. BIRTHPLACE ISTATE OR FOREIGN 7% CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH AMERIED NEVER MARRIED West Virginia USA Allegany WIDOWED DIVORCED IO CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 17h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY CUMBERLAND. MEMORIAL HOSPITAL Labor Fiber Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Allegany Old town 130 STREET ADDRESS 134. INSIDE CITY LIMITS? Rt. 1. Oldtown, Maryland 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE LAST Sadie Myers MIDDLE LAST Joseph Shrout ADDRESS 16e WAS DECEASED EVER IN U.S. ARMED FORCES? 14h SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) I LE YES GIVE WAR OR DATEST 220 10 4924 Harold Shrout Oldtown, Maryland No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 246 gave rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse A-SCUD PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 CERTIFICATION I DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 78n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO F NOF 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 STATE NOT WHILE AT WORK AT WORK 80 220.1 certify that (1) this hospital) attended the deceased from 80 sow the deceased above on above (1) (ive) (did) (did not) view the body ofter death. and that in my (our) opinion death accurred on the date and hour and from the causes stated DIR 226. SIGNATURE 774 DATE SIGNED DEGREE MPORTANT: If ATTENDING MEDICAL TO FUNERAL should be detacl with the State [ PHYSICIAN & DIRECTOR PHYSICIAN 27d. PHYSICIAN'S NAME (TYPE OR PRINT) 22R ADDRESS FREDERICK STREET DR. ANTHONY J. BOLLING. JR 21502 CUMBERLAND MARYI AND 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23d LOCATION 23b. DATE Burial STATE CITY OF TOWN COUNTY 9-17-80 BP. Davis Memorial Cem Cumberland Allegany MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE JAMES F. SCARPELLI CUMBERLAND, MD

**DHMH-16 25M** 

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(VRA 15, 4) 1/79

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915 PREDERICK STREET  18. ANTHOMY J. POLILING, JP. CHRIBERLAND, MARYLAND 21502			
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TOTAL TO STATE AND THE STATE OF topicant that the thirty are the transferred by OFFICE C. SAZZORGO, M.D. . THE SECOND FOR A CONTRACTOR AND 21500 CONTROL OF THE CONTRO

1		FOR STATE REGISTRAR			CERTII	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N	-	2 1	3 8
)		CEASED NAME FIRST BES	SSIE	L.		ITH	SEPTEMBE	R 3,	1980	10:35
40	3 SE)	Female	RACE Whit	е	S DATE MONT	of BIRTH 25, 1910	6 AGE (IN YEARS LAST BIR	YRS	IF UNDER I YEAR	IF UNDER 24 HRS
85	cç	RTHPLACE (STATE OR FOREIGN WINTRY).	U.S.		MARRIE WIDOW	ED DIVORCED	Allegany	7	Y OF DEATH	٨
350		CUMBERLAND	(12 MANAGE)	MORITAL STREET	0°5° I		124 USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOBBEWIF	OF WORKING LI	FE) INDUSTRY	of Business o making
miner	13e S	RESIDENCE (IF NURSING HOME OF TATE HAM)	pshire	113 CITY OF TOW	ADMISSION N	134. INSIDE CITY LIMITS? YES A NO	13. STREET ADDRESS	raft	on Str	eet
edical exa		THER'S NAME FIRST William	MIDDLE	Cutlip		15. MOTHER'S MAIDEN NAME FIRST	ME		Dennis	
the m	(4	(AS DECEASED EVER IN U.S. A es, no or unknown) (IF yes, Gr	RMED FORCES? /E WAR OR DATES)	166 SOCIAL SECU 236-03-8		Edward J.			y WVa.	MATE INTERVAL ONSET AND DEATH
to burial, cremation, or vijury, or other traum	V.	Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	(b)_ DUE TO, C	DR AS A CONSEQUE  DR AS A CONSEQUE  CONTRIBUTING TO C	NCE OF	T NOT RELATED TO THE TERM	IN AL DISEASE OR CON	NDITION GI	VEN IN PART 11	0.
shows an	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDI	
d Mental Hygin	MEDICAL CER	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINES 216. IN JURY OCCURRED	21e PLACE		19	21c. HOW INJURY OCCUR!		URY IN ITEM 18.		STATE
e Dept. of Health an T: If Item 21 is mark	W	WHILE NOTWHILE 220. I certify that (I) (this hasp saw the deceased alive a above. (I) (we) (did) (did n 22b. SIGNATURE	oital) attended t	he deceased fram		nd that in (my) (our) apinion  DEGREE  ATTENDING	death occurred on the c	date and ha	. 19	that (I) (we) la
with the State		DR. AUGUST	0 F. F	IGUEROA		220 ADDRESS MEMO	PHYSI RIAL HOSP FRLAND, M	ITAL	,	LDG.,
s =	23a B	URIAL, CREMATION, REMOVA PECIFY)	9-6-	30		cemetery or crematory elah Commetes	23d LOCATION CITY ORTOWN CY Weston	Le	county Wis V	V.Va.

DHMH-16 25M (VRA 15, 4) 1/79

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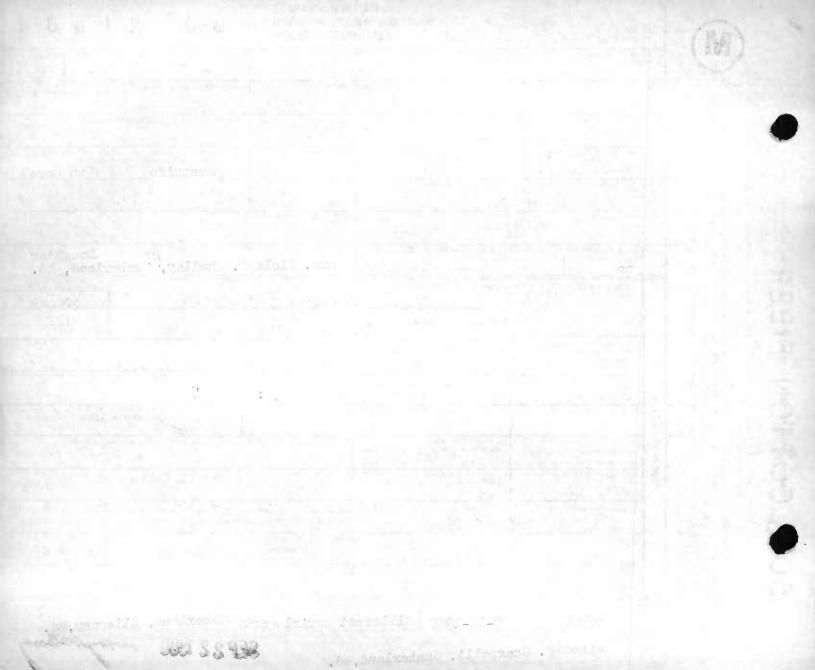
BESSIE L. SMITH

SEPTEMBER 3. 1080 10:55A

MEMORIAL HOSPITAL MED BLDC.,

CUMBERLAND, MARYLAND 21502

DR. AUGUSTO E. ESCUERDA



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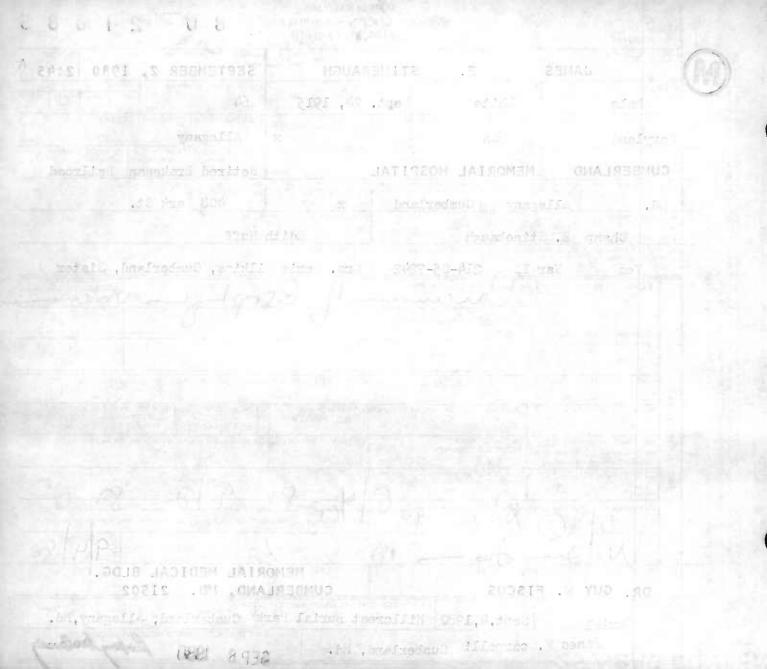
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4) 1/79



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in thy the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and a though be lifed with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or ather traumatic event, the

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						21A1	E UF MAKTLAND					
	1 -	FOR STATE			DEPART		FALTH AND MENT		IENE 8 O	2	1 8	3 8 6
		REGISTRAR						п	REG. NO			
		OR PRINT)	FIRST		MIDDLE		AS1		The state of the s		DAY YEAR	2b. HOUR
			ZELLA		PEARL		TRUE		SEPTEMBE	7	1980	10:15A <sub>M</sub>
	3. SEX	X		4. RACE		S. DATE C		EAR	6 AGE (IN YEARS LAST BIR	,	MONTHS DAYS	IF UNDER 24 HRS
		emale		White			26-1902		77	YRS.		
2		RTHPLACE (STATE O	RFOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRI	ED 🗆	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
1		ennsylva		U.S.Z		WIDOWE	DIVORC	ED 🗌	AL	LEGAN	Y COUNT	IY, MD.
1	10. CI	TY OR TOWN OF DE	EATH		HOSPITAL, NURSIN		OR OTHER INSTITUTI	ION	17a USUAL OCCUPATION OF WORK FOR MOST O			OF BUSINESS OR
6		mberland		SACRED	HEART HO	SPITA	L	114	Homemaker		Hom	
0	13a. S	AL RESIDENCE (IF NO	NJA COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFOR		1 13d. INSIDE CITY LIV	MITS?	13e. STREET ADDRESS			
2	Per	nna.	Bedf	_	Artemas		YES NO		Artema	S		
	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIL	DEN NAM	AE MIDDLE	Device	1	AST
h		Samuel			Martin		JoAni	na	7710000	C	linge	
5		VAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMANT		ADDRE			
	N		J# 163, GW	E WAR OR DATES!	219 16	9005	Mary Cli	ngem	man Little	Orlea	ans, Mo	1.
		18 CAUSE OF DEA	TH (Enter an	ly ane cause per	line for (a), (b), pr	nd (c).)			0		BETWEEN	XIMATE INTERVAL
		PART I. DEATH		D BY: E CAUSE (0)	sel	PUT .	E Sever	e c.	keas			-1
		1830		DUE TO O	R AS A CONSEQU	ENCE OF		0	•			The season
		Conditions, if on		(b)	14 / 1	ahz	- la 4	0	share	2		
		gove rise to in cause (a), stat		DUE TO O	R AS A CONSEQU	ENCE OF	,					
		underlying caus	se last.	(c)	Cev	ler	me to	y fa	SCT			
	.,	PART 2. OTHER SIG	SNIFICANT	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMI	NAL DISEASE OR CONI	DITION GIV	EN IN PART 1	(0)
	CERTIFICATION											
1	ICA	19a. DATE OF OPER.	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?		YING CAUSE	
	RTIF			1					YES NO		s 🔲	NO 🗌
1		OR CONTRIBUTING			FINJURY M. MONTH D.	AY YEAR	21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF INJUS	Y IN ITEM 18 P.	ART I OR PART 2)	
	CAL	(IF EITHER NOTIFY ME	DIC AL EXAMINER	) P.,		19						
	MEDICAL	21d INJURY OCCU		21e. PLACE	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	211. LOCATION STREET		CITY OR TO	wN	COUNTY	STATE
	-	AT WORK NOT V	ORK							<u></u>	- 62	
		220.1 certify that ( saw the decea			e deceased from_	90	, 19	80	to 9 - 2	7		, that (I) (we) last
		above, (1) (we)	(did) (did na	t) view the bady	after death.			opinian d	leath accurred on the do	ite and havi		
	- 1	226. SIGNATURE	M	1 /			DEGREE ATTEN	DING	MEDICAL STAF	F	22c DATI	79-80
4		THE PHYSICIAN'S N	1 V	leccel	uuh	7	C PHYSI	ICIAN C	DIRECTOR   PHYSIC	IAN		( 0
	6		- 4.	NNA, M.	D		909-B SF	TON	DRIVE, CUMB	ERLAN	D. MD	21502
	0.2	L				14145 == =						
	/Ja. B	BURIAL, CREMATION	, REMOVAL	15.0			EMETERY OR CREM		23d LOCATION CITY OR TOWN	-df	COUNTY	STATE
	24. FI	Burial  UNERAL DIRECTOR	1	110-3-	8U F	ITLATE	w Christi	an 25d Maria	Artemas B		RAX SIGNA	
		NAME	Hod	Sign	ADDRESS	OCK A	ANDVI AND	-00	T.O. D. BOOKAK	NEO O	NAME OF SIGNA	TONE NA
	G	ROVE FUNE	KAL HU	ME	HANC	ULK, I	MARYLAND			Alle Laboratoria	1 1 1 1 1 1 1 1 1 1	

DHMH-16 30M 2/80 (VRA 15, 4)

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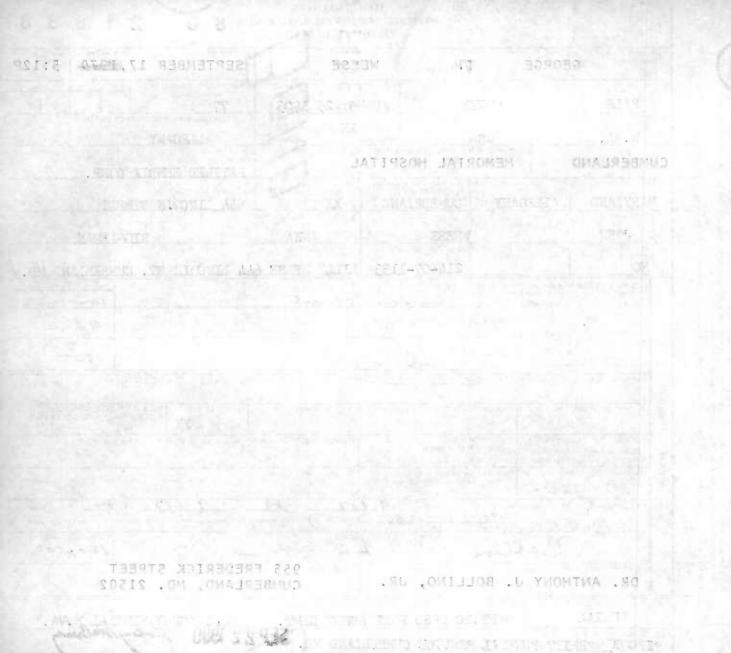
THE COUNTY STORY STORY STORY STORY

DHMH-16 30M 2/80 (VRA 15, 4)

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2b. HOUR 9:15am IF UNDER I YEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH 17b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 48 Tarn Terrace, Frostburg, Md Carolyn Rowe, Frostburg, Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death accorred on the date and hour and from the causes stated 22c DATE SIGNED 48 Tarn Terrace, Frostburg, Md Md. 980German Luthern Cem Frostburg Allegany Burial 24 FUNERAL DIRECTOR Funeral Home 57 Frost Ave. Fbg.

9:25m		8/01/30		31	edial . 5	rs[]	
		00	007.11	1/20	ET INC.		
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		nsi digaeci	B			25710nT en	7031
	burg, mi	Rove. Frost	สหรัวกรร	6202 78		•	od,
						r. S. Kir	d

1.	Item 2a G 54 FOR STATE REGISTRAR	7 9/29/80		MENT OF I	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 0	2	1 8	8 8
	CEASED NAME FRS		THOMAS		ESE		MONTH DAT	1980	2b. HOUR 5:12
3 SE	X	4 RACE		S. DATE		6 AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 24 HOURS
	MALE	WHI	1.7757-571	AUG		77	YRS.		HOURS A
o c	IRTHPLACE (STATE OR FOREIGN COUNTRY)  W.VA.	US		WIDOW		9. BALTIMORE CITY O	ANY	FDEATH	
CU	ITY OR TOWN OF DEATH	MEMO	RIALIMHOS	PIT/	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF THE PROPERTY OF THE P	F WORKING LIFE)	126. KIND OF INDUSTRY	F BUSINESS
130	MARYLAND A	OME OF OTHER INSTITUTION COUNTY  LLEGANY	ON, GIVE RESIDENCE BEFORE 134 CITY OR TOW  CUMBERL	N	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 644 LINCO	N STRE	TET	
	ATHER'S NAME FIRST JOHN	MIDDLE	WEESE		15 MOTHER'S MAIDEN NA FIRST ANNA	WIDDLE		LEMAN	
	WAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF YE	S. ARMED FORCES? S, GIVE WAR OR DATES)	214-07-3		17. INFORMANT LILLY WEESE	ADDRE		MRERIA	ND MD
	18 CAUSE OF DEATH (Em. PART I. DEATH WAS C. IMMI	AUSED BY: EDIATE CAUSE (0) DUE TO, (6)	OR AS A CONSEQUE	leac	anut			enir 9d	WATE INTERVAL
7	cause (o), stating the underlying couse las	DUE TO, (		CVI	NOT RELATED TO THE TERM	ainal disease or coni	DITION GIVEN	IN PART 1(a	£
CERTIFICATION	190, DATE OF OPERATION	. 19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN	VERE FINDIN	GS USED OF DEATH!
	210, ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ( (IF EITHER, NOTIFY MEDICAL EXAM	DE DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCUR		Y IN ITEM 18, PART	1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	/AT HOME S	OF INJURY TREET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	'N	COUNTY	STATE
	220 I certify that (1) this saw the deceased bliv abave (1) we did d	re on 91	17 19	80 .0	nd that in my aur) apinian	death accurred an the do		nd fram the c	hat Wwe) auses states
	22b. SIGNATURE	Sollen	ő	_		MEDICAL STAF	IAN 🗌	220. DATE S	SIGNED
	DR. ANTHO		LLINO,	JR.	22e. ADDRESS 955 CUMB	FREDERICK ERLAND, MD			
(	BURIAL, CREMATION, REMO SPECIFY) BURIAL		.20 1980 F		ASHBY CEMT.	23d. LOCATION CITY OR TOWN FORT ASH	BY MINE	CRAL W	.VA .
	UNERAL DIRECTOR ILCOX_MERRIT	FUNERAL	SERVICE C	UMBEF	LIAND MD.	EZ Z BYBUTRAR	Jone distal	PRECAL	and y



1					STAT	E OF MARYLAND					
		1 - STATE REGISTRAR		DEPARTI		ICATE OF DEATH	IENE 8	REG. NO.	2!	3	8 9
e €		DECEASED NAME FIR	RST	WIDDLE	3	AST	20. DATE OF	DEATH MONTH	H DAY	YEAR 26	b HOUR
deat			ARGARET	JANICE	WEL	DON	SEP	TEMBER	20,	1980 3	3:00 Am
		sex Female	4 RACE Whi		S. DATE O		6 AGE (INYEA	RS LAST BIRTHDAY)	MONTH!		FUNDER 24 HRS.
atooce 2	3	BIRTHPLACE (STATE OR FOREIGN COUNTRY MONTANO	16 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	DIVORCED		ECITY OR CO			MD
5	2	Cumberland,	(IF NOT IN SU	SACRED H	EART	PROTHER INSTITUTION	120 USUAL O		121 KINGSLINE) IN		BUSINESS OR tion
3	F	SUAL RESIDENCE (IF NURSING H 36 STATE 136 Maryland A	OME OR OTHER INSTITUTION COUNTY	136 CITY OR TOW LaVale		13d. INSIDE CITY LIMITS?	13e. STREET A	odress 1 Stone	rubroo	k Lane	2.
	14	I. FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME				
1	0	James		Aiken		Ernestin	e	MIDDLE		Taylo	77
1	1	WAS DECEASED EVER IN U	.S. ARMED FORCES? (ES. GIVE WAR OR DATES)	166 SOCIAL SECU 263-34-9		Mr. F. Edwin	Weldon	ADDRESS #	ta 1 Bo	vale, x 69-A	Md. 4 21502
		Conditions, if ony, whi gove rise to immedia couse (a, storing I underlying couse to PART 2 OTHER SIGNIFICATION OF THE COURT OF OPERATION OF THE COURT OF T	ant conditions of	ONTRIBUTING OF	DEATH BUT	O & Miliat NOT RELATED TO THE TERM OULCE N WAS PERFORMED	Value NAL DISEASE 20s. AUTOR	Prote	N GIVEN IN IF YES, WER CERTIFYING YES	E FINDINGS CAUSES OF	5 USED F DEATH?
C		OR CONTRIBUTION TO COME	OF DEATH HOUR A.	M. MONTH DA		21c. HOW INJURY OCCURR	RED (ENTER NATU	RE OF INJURY IN ITE	The stand of		
		OR COUNTRIOUTING CASE  (IF EITHER, NOTIFY MEDICAL EXA  21d IN JURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK	21e. PLACE	M OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.	21f. LOCATION STREET		CITY OR TOWN	со	UNTY	STATE
		229.1 certify that (I) (this saw the deceased all above, (I) (we) (did) (	hospital) attended the			, 19, 19, depend on the control of the	, to death occurred	on the date on	d hour and I		
_		22d. PHYSICIAN'S NAME	Vicions	· on	n.D	ATTENDING PHYSICIAN 2	DIRECTOR [	STAFF PHYSICIAN		9/21/8	
MPORTANT			VINCENT,			909-B SETON		CUMBER	RLAND,	MD.	21502
		Bo. BURIAL, CREMATION, REMI	9/23/		stlaw	n Mem. Garden	2000	le, Al			ryländ
'3	24	GEORGE S	Vayne Georg FUNERALHO	ADDRESSE U	2 GRE MBERL	ENE STREET	RE DEVE	TURAR 255-A	echang b	SICHIZUM	7

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	1					E OF MARYLAND		40 100				
	1	FOR STATE REGISTRAR				EALTH AND MENTAL HYG ICATE OF DEATH	IENE	8 O	NO.	2	1 3	9 0
		CEASED NAME FIRST	MIDI	DIE	L	AST	2a DAT	E OF DEATH	MONTH	DAY	Y YEAR	2b. HOUR
		ALFRE	ED H		WHE	EELER	5	SEPTEME	BER :	11,	1980	3:15PM
	3 SE	X	4 RACE	5	S. DATE C		6. AGE	(IN YEARS LAST B	IRTHDAY)	IF MOI	UNDER I YEAR	IF UNDER 24 HRS
1	1	ALE	BLACK		12	31 1913		66		RS.		7.00.00
U		IRTHPLACE ISTATE OR FOREIGN OUNTRY MARYLAND	76 CITIZEN OF WE		MARRIEI WIDOWE	NEVER MARRIED	9 BALT	IMORE CITY	_		COUNT	ry
Cotified	C	ITY OR TOWN OF DEATH	[IFNOT IN SUCH FA	SPITAL, NURSING	HOME C	R OTHER INSTITUTION	TYPE OF	JALOCCUPA WORK FOR MOST	TION TOF WORK			F BUSINESS OR
must be		AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN ALLEC	OTHER INSTITUTION, GN NTY 13 PANY C	E RESIDENCE BEFORE ACCUMENTAL CITY OR TOWN	DMISSION)	134 INSIDE CITY LIMITS?	13e. STR	EET ADDRESS	S		3.MD.	
11 (Jamina	14 F	ATHER'S NAME ALBERT	MIDDLE	WHEELE!	R	15 MOTHER'S MAIDEN NAME FIRST JULITA	ME	WIDDLE			SMT	
negico.	16a \		WAR OR DATES)	SOCIAL SECURIT		17. INFORMANT INZELLA STANLE	EY CU		RESS	vD.	21502	н
ent, the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)					34, 00		TATA DI	11/ 6		MATE INTERVAL
s any injury, or oth	CERTIFICATION	couse (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT C	ONDITIONS CON		ATH BUT	NOT RELATED TO THE TERM		EASE OR CO	120b. II	F YES, V	WERE FINDIN	NGS USED
1	# E						YES [			YES		NO 🗆
9		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH 21b. TIME OF IN HOUR A.M. P.M.		YEAR	21c. HOW INJURY OCCURR	RED LENTE	R NATURE OF IN	JURY IN (TEA	A 1B, PART	1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY FACTORY, OFFICE, FARA		21f. LOCATION STREET		CITY OR TO	OWN		COUNTY	STATE
		22a.1 certify that (1) (this haspit	tal) attended the d	eceased from		, 19	, ta			, 19	, 1	that (1) (we) last
		saw the deceased alive an abave, (1) (we) (did) (did na	ti view the bady aft	er depth.	, on	d that in (my) (aur) opinion o	death occ	urred an the	dote and	l hour a	nd fram the	causes stated
		76. SIGNATURE  OV 8  2M PHYSICIAN'S NAME (YPE O	lastra	ufols!	Mo.	ATTENDING PHYSICIAN	MEDIC DIRECT	AL ST.	AFF ICIAN [	)	22c. DATE :	3/60 2150
MPORTAN		VICENTE M. V	ALLS, M.D	0		MEMORIAL HOSI	PITAL	MEDI	CAL I	вше	., CUME	
		BURIAL, CREMATION, REMOVAL	23b DATE		ME OF CI	METERY OR CREMATORY	23d. LC	OCATION ITY OR TOWN		.0	OUNTY	STATE
	_	BURIAL	9-14-198		LAWN			MBER.LA		ALII	EGANY	MD
		UNERAL DIRECTOR		ADDRESS		ORE AVE. 250 PATE	REC'D.	BY REGISTRA	R 25b. RE	GISTRA	7/200	Mody
	L	EASURE-STEIN FU	VERAL HOM	E, CUMBERI	LAND	,MD.21502	1 43	1000		1		1

TO INC. TO COMPANY I AND ADDRESS OF THE PARTY OF WIGHTEN, WALE, N.D. MEET IN VOSETAL OFFICE, BLOG, GURENING A STATE OF THE STA

	1			STATE OF MARYLAND		
	1	FOR - STATE REGISTRAR		AENT OF HEALTH AND MENTAL H	YGIENE 8 0 REG. NO.	2   8 9
1		ECEASED NAME FIRST PE OR PRINT)	WIDDLE	LAST	26 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
9		SUSA	N LEE	YEIDER	9 :	24 80 2205
	3 5		4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
эшсе		FEMALE	WHITE	JANUARY 16 1903	77 YRS.	MONINS DATS TOOKS MIN
1	70	BIRTHPLACE ISTATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		OF DEATH
St. be not		CUMBERLAND	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET MEMORIAL HOS	G HOME OR OTHER INSTITUTION ADDRESS) PITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OF INDUSTRY TOYEE
The man	13a	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COURS MARYLAND ALLE		N 134. INSIDE CITY LIMITS?	13. STREET ADDRESS 200 GLENN STREET	
Mexan 1/	14	ATHER'S NAME FIRST LEWIS	G. YEID	15 MOTHER'S MAIDEN N	AME	DIEBERT
the me	160	WAS DECEASED EVER IN U.S. AR	E WAR OR DATES!	RITY NO 17 INFORMANT 5132A SILCOX-MERR	ADDRESS  ITT FUNERAL HOME (	CUMBERLAND MD.
al, cremation, or removal y, or other traumatic ever			DUE TO, OR AS A CONSEQUE	cardial In	tailure ufarction	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
prior to buria ws any injury	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIV	EN IN PART 1(0)
2 Shows a	CERTIFICATION	1% DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH?
or Item 1	1	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA		JRRED (ENTER NATURE OF INJURY IN ITEM 18, P	'ART 1 OR PART 2)
Day year	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	CITY OF TOWN	COUNTY STATE
IMPORTANT: If Item 21 is		27s I certify short in this hosp ow the deceased alive as above. (I) periodic (did no 17h SIGNATURE	Juli	DEGREE	on death occurred on the date and hou  MEDICAL STAFF  DIRECTOR   PHYSICIAN	that (I) (we) lost ond from the causes stated  27c DATE SIGNED  25 SEPT 80
IMPORTAN			DRRES	MEMORIAL	HOSPITAL MEDICA	AL BUILDING
MP		BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMATOR	23d LOCATION	

